



Original form must be mailed to:
Mail: HCC Financial Aid
606 West Main
Highland, KS 66035
Faxed forms will not be accepted.
Phone: 785-442-6000 ext. 2002

2026-2027 Verification of Identity

(To Be Signed in the presence of an HCC Employee or a Notary Public)

Student Information

Last name

First Name

Middle Initial

Date of Birth

Verification of Identity (To Be Signed at the Institution)

You, the student, **must appear in person at Highland Community College** to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If you are unable to appear in person at Highland Community College to verify your identity, you must provide to the institution:

A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and

Statement of Educational Purpose

I certify that I _____ am the individual signing this Verification of Identity.
(Print Student's Name)

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,

(Date)

Notary's name or name of HCC employee if signed in person)

personally appeared, _____, and proved to me because of

(Printed name of signer)

satisfactory evidence of identification _____ to be the above-named person who

(Type of unexpired government-issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

(Notary signature or signature of HCC employee if signed in person)

My commission expires on _____
(Date)