2024-25 PROOF OF IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

DO NOT FILL IN THIS WORKSHEET UNLESS YOU ARE IN THE PRESENCE OF AN MCCC ENROLLMENT SERVICES REPRESENTATIVE OR A NOTARY PUBLIC!

Student Name

Student ID

1. Valid Photo Documentation of Identity

If completing with an MCCC Enrollment Services representative hand your photo ID to the representative to copy, then complete Step 2 on the copied document in their presence - OR - If you are completing this form in the presence of a notary public you will need to attach a copy of your valid photo ID that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport, to this worksheet.

IF COMPLETING IN PERSON AT MCCC:

MCCC Enrollment Services representative: place valid (*unexpired*) government-issued photo identification (ID) over this space and make a photocopy of this form.

Student will then complete the Statement of Educational Purpose on the copied document.

If the student's ID does not fit in the space provided, attach an annotated copy of the ID to this form.

Proof of identification received and reviewed by:

Print First & Last Name of MCCC Representative Date

2. Statement of Educational Purpose and Signature

I certify that I _______ am the individual signing this Statement of Educational Purpose and Print Student's Name

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Montgomery County Community College for 2024-25.

		Student's Signature	Date
NOTARY'S CERTIFICATE OF ACKNOWL	EDGEMENT (ONLY NECESSARY I	F NOT completing in person a	it MCCC.)
State of	, City/County of		_ on
			(Date)
before me,	, personally ap	peared	
(Printed name of Notary)		(Printed name of signer)	
and proved to me on basis of satisfact	ory evidence of identification _		
		(Type of unexpired government-iss	ued photo ID provided)
to be the above-named person who si	gned the foregoing instrument.		
WITNESS my hand and official seal			
(seal)	(Notary Signature)		
	My commission expi	res on	
	· · ·	(Date)	
		l this ORIGINAL notarized docun nrollment Services. Copies or fax	