

# Granite State College

## 2018-19 Identity and Statement of Educational Purpose

**Return Original to:**

Office of Financial Aid, 25 Hall Street, Concord, NH 03301  
Phone: (603) 513-1392

**This statement must be completed and signed in the presence of either a GSC Staff Member or a Notary Public.**

**DO NOT COMPLETE THE FORM IN ADVANCE.**

I certify that I, (Print Student Name) \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Granite State College for 2018-2019.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
GSC Student ID # Date of Birth Phone Number

The student MUST appear in person at Granite State College to verify his or her 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. (Please note, Federal law prohibits photocopying a military ID. We cannot accept this as proof of identity).

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

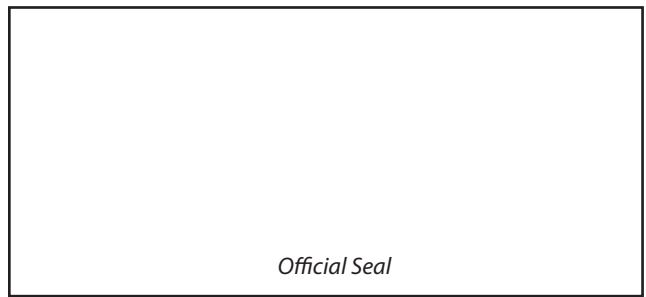
**If the student is unable to appear in person at Granite State College** to verify his or her identity, the student must provide to Granite State College:

- A) 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
- B) The original Statement of Educational Purpose provided above, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**To Be Completed by Notary Public:**

State of \_\_\_\_\_ City/Country of \_\_\_\_\_  
on \_\_\_\_\_, before me, \_\_\_\_\_  
Date Notary's Name  
personally appeared, \_\_\_\_\_ and provided to me on basis of satisfactory evidence of  
Printed Name of Signer  
identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
Type of ID Provided

**Witness My Hand and Official Seal**



\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires on (Date)

**DO NOT FAX OR EMAIL FORM. Notarized forms must be MAILED to:  
Office of Financial Aid, Granite State College, 25 Hall Street,  
Concord, NH 03301**