

**Financial Aid Office****2023-2024 VERIFICATION WORKSHEET V4-V5 – Witnessed****Student Information**

---

Last Name	First Name	M.I.	Social Security Number
-----------	------------	------	------------------------

**Identity Verification**

- I am appearing in person with my valid government-issued photo identification (driver's license, state identification card, or passport). The Financial Aid Office staff will make a copy.
- I am appearing in person to sign the statement below. (Student must sign statement in front of a Financial Aid Office staff)

**Statement of Educational Purpose – MUST BE WITNESSED BY A FINANCIAL AID STAFF MEMBER**

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

**AND**

- (b) The original Official Witnessed Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ 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 South Seattle College for 2023-2024.

\_\_\_\_\_  
Student signature\_\_\_\_\_  
Date\_\_\_\_\_  
ctcLink ID\_\_\_\_\_  
Witnessing Financial Aid Staff Member's Signature\_\_\_\_\_  
Date**Sign the Worksheet**

Each person signing this form certifies that all the information reported on it is complete and correct. The student (and at least one parent-if dependent) must sign and date.

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

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_