

**2026-2027: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(TO BE SIGNED AT THE INSTITUTION)**

Last Name	First Name	Student ID #	
Address (include apt. #)	City	State	Zip Code
Phone Number	E-mail Address	Date of Birth	

The student must appear in person at Monroe County Community College to verify their 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. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
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 Monroe County Community College for 2025-2026.

Student's Signature	Date
I verified the applicant's identity in person.	
MCCC Authorized Individual (Print)	Date
MCCC Authorized Individual (Signature)	Date

Your record was selected for Identity and Statement of Educational Purpose verification by the Federal government. You must bring the following (original) documentation so the Financial Aid staff can make a copy.

SOURCE DOCUMENTATION	RECEIVED / MADE COPY	STAFF INITIALS
An unexpired valid government-issued photo identification (e.g. driver's license, state identification card, military identification or passport).	☐ Yes	

I certify that the information reported on this form is true and correct. If requested, I agree to provide additional documentation to the Financial Aid Office.

_____ Student's Signature	_____ Date
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I verified the applicant's identity in person and received the above information directly from the applicant.	
_____ MCCC Authorized Individual (Print)	_____ Date
_____ MCCC Authorized Individual (Signature)	_____ Date