2025–2026 Identity/Statement of Educational Purpose Verification Worksheet

Your application was selected for review in a process called verification. In this process, we are required by federal law to compare the information from your FAFSA application with the information provided on this form. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. We cannot process your financial aid until verification has been completed.

Complete this form and return it to: CC Financial Aid Office, 600 Centralia College Blvd., Centralia, WA, 98531-4099

Phone: 360.623.8975 Fax: 206.970.1051 Email: ccfinancialaid@centralia.edu

Last Name	First Name		Conicl Consults Namelon
Last Name	First Name	M.I.	Social Security Number
Mailing Address			ctcLink ID
City	State	Zip Code	Date of Birth (mm/dd/yyyy format)
Email Address			Phone Number

I am appearing in person at Centralia College with my unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office is required to maintain a date stamped and initialed copy of my ID with my financial aid file.

I am unable to appear in person at Centralia College, therefore I am attaching a notarized copy of my unexpired valid government-issued photo identification (ID), such as, but not limited to, my driver's license, other state-issued ID, or passport.

Statement of Educational Purpose

I am appearing in person to sign the statement below (must be signed in presence of Financial Aid staff and contain a wet signature).

I am unable to appear in person, therefore I am submitting the notarized statement of educational purpose. Centralia College does not reimburse for any fees associated in the notarizing process.

Student's Name:		ctcLink I	D:	
Statement of Educational Purpose -	· MUST BE FILLED OUT	IN PERSON AT F	FA OFFICE OR WITH NOTARY	
certify that I(Print Name)	am th	ne individual sign	ning this Statement of	
Educational Purpose and that the Federal educational purposes and to pay the co	deral student financial as	sistance I may re	ceive will only be used for	
(Student's Signature)	(ctcLink ID))	(Date)	
Notary Section for Statement of Edu	ucational Purpose - MU	ST BE FILLED OI	UT IN FRONT OF NOTARY	
Notary use only				
State of				
City/County of				
On, before m	ie,	(Notary's name		
personally appeared,(Prin				
because of satisfactory evidence of ident	(Type of unex	pired government-i	ssued photo ID provided)	
to be the above-name person who signed	I the foregoing instrument.			
WITNESS my hand and official seal (seal)				
My commission expires on		(Notar	ry signature)	
My commission expires on	(Date)			
5: # 10 mm.id.d	- (1 - xiz-2	Cheannatal	C. ((1) 1)	
FA Staff use only: ID provided	Issues w/identity?	Notary used?	Staff Initials: Date:	

ent's Name:		ctcLink ID:
ication and Signature		
I certify that all of the informate Warning: if you purposely give	•	sheet is complete and correct. rmation you may be fined, be sentenced to jail, or both.

Why we need your Social Security number: Disclosure of your social security number is mandatory to apply for federal student aid, under Section 484(a)(4)(B) of the Higher Education Act of 1965, as amended. The college uses your social security number to match your records with the Free Application for Federal Student Aid, to identify you and to process payments.

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu