

**INSTRUCTIONS:** You must appear in person with an authorized **North Seattle College Financial Aid Team member**, to verify your 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 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.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ctcLink ID: \_\_\_\_\_

**You must sign this section, in the presence of the institutional official or Public Notary, the Statement of Educational Purpose provided below.**

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 North Seattle College for 2025-2026.

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

**Financial Aid Staff Use Only** Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to appear in person at North Seattle College to verify your identity, you must provide the following items to NSC:**

1. 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
2. The original Statement of Educational Purpose provided above, which must be notarized on this page.
3. Mail the **original** notarized form and a copy of your ID to: North Seattle College Financial Aid Office  
9600 College Way N, Seattle, WA 98103

**Notary use only** - SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I certify that I know or have satisfactory evidence that (*name of person*) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed the Statement of Educational Purpose and acknowledged it to be his/her free and voluntary act for the use and purpose mentioned in this instrument.

(Signed) \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

(Print) \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

*Official seal here*