

## STOP!

## This form must be completed in the presence of the Financial Aid Office.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE	Baltimore City Community College Office of Student Financial Aid 2901 Liberty Heights Avenue Baltimore, Md. 21215	Phone: 410-462-8500 Fax: 410-462-7444 Email: financialaid@bccc.edu	
Student's Name:	Student's 9-D	Digit ID Number:	
<b>Instructions:</b> The student must appear, in person, at <u>Baltimore City Community College</u> to verify his or her identity by presenting 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the statement below. <u>Note:</u> Students have 120 days from their last date of attendance at BCCC to complete verification.			
Statement of Educational Purpose			
I certify that I, (Print Student's Educational Purpose and that the fede for educational purposes and to pay th	eral student financial assistance t	hat I may receive will only be used	
(Student's Signature)		(Date)	

Office Use Only:	Date:
ID type:	FAA Name:
FAA Title:	FAA signature: