



Baltimore City Community College

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-Digit ID Number:
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Instructions: The student must appear, in person, at **Baltimore City Community College** 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. **Note:** Students have 120 days from their last date of attendance at BCCC to complete verification.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance that I may receive will only be used for educational purposes and to pay the cost of attending **Baltimore City Community College**.

(Student's Signature) (Date)

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