Identity and Statement of Educational Purpose  
2015-2016  
Labette Community College  
Financial Aid  
200 South 14th · Parsons, KS 67357  
(620) 421-6700  

This form cannot be faxed. Return this form to the address above.

(To Be Signed With Notary)

If the student is unable to appear in person at Labette Community College to verify his or her identity, the student must provide to Labette Community College:

(1) A copy of the 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, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

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 Labette Community College for 2015-2016.

___________________________    _______________  
(Student’s Signature)  (Date)

__________________________  
(Student’s ID Number)

Notary’s Certificate of Acknowledgement

Notary’s certification may vary by State

State of _____________________________________________________________________  
City/County of _____________________________________________________________________  
On_____________________, before me, __________________________________________,  
(Date)  (Notary’s name)  
personally appeared, ______________________________________________, and proved to me  
(Printed name of signer)  
on basis of satisfactory evidence of identification ______________________________________________  
(Type of government-issued photo ID provided)  
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal  
(seal)  
(Notary signature)  
My commission expires on _________________________  
(Date)  

1/1 15-16 ISEP