

North Central College **Office of Financial Aid** 30 N. Brainard Street Naperville, IL 60540 Phone: 630-637-5600

FAX: 630-637-5608 Email : finaid@noctrl.edu

2018-19 **Identity and Statement of Educational Purpose**

*** THIS FORM MUST BE SIGNED IN PERSON ***

The student must appear in person at North Central College to verify his or her 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 student's photo 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I,Student's Full Name (
this Statement of Educational Purpo	se and that the Federal student financial assistance
I may receive will only be used for ed	ucational purposes and to pay the cost of attending
North Cer	ntral College for 2018-19.
Student's Signature	 Date
Student ID Number	Office Use Only: Date Received: Received by: Attach this completed form to the copy of