30 N. Brainard Street Naperville, IL 60540 | Phone: 630-637-5600 | FAX: 630-637-5608 | Email: finaid@noctrl.edu

2023-24 Identity and Statement of Educational Purpose

| Student Name | | Student ID: | _ |
|---|--|---|------------------------|
| valid government-issued issued ID, or passport. The | in person at North Central College to photo identification (ID), such as, but ne institution will maintain a copy of the twas received and reviewed, and the student's ID. | t not limited to, a driver's license, oth ne student's photo ID that is annotate | er state- ed by the |
| In addition, the student n Purpose provided below: | nust sign, in the presence of the insti | tutional official, the Statement of Ed | ucational |
| | Statement of Educations | al Purpose | |
| | Student's Full Name (Please Print Clea nt of Educational Purpose and that the | | |
| I may receive | will only be used for educational purp | oses and to pay the cost of attendin | g |
| | North Central College fo | or 2023-24. | |
| Student's Signature | | Date | |
| | o appear in person at North Central C kpired valid government-issued photo ection: Notary's Certificate of Ackn | identification (ID) in addition to havi | |
| State of City/County of | | | |
| On, | before me,(Notary's name) | <i>1</i> | |
| personally appeared, | | _, and proved to me on the basis of | satisfactory |
| evidence of identification (Ty who signed the foregoing | pe of unexpired government-issued photo ID provided) | to be the above-named person | (afffix seal here) |
| WITNESS my hand and o | fficial seal(Notary Signature) | My commission expires or | · |