

2023-2024

IDENTITY & EDUCATIONAL PURPOSE

Student's Last Name Student's First Name Middle Initial Social Security Number

The student must appear in person at Weatherford 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 collect the student's ID.

| name of the official at the institution authorized | d to collect the student's ID. | | | |
|--|---|---|-----------------------------------|---------------------------------|
| The student must sign, in the presence of the | institutional official, the S | tatement of Educational | Purpose prov | vided below: |
| STATEMENT OF EDUCATIONAL PU | URPOSE | | | |
| | | | | |
| I certify that I, | <u>,</u> am the | individual signing this State | ment of Educat | tional Purpose, |
| Print Student's First and I and that the Federal student financial assistance I r | Last Name may receive will only be used f | or educational purposes and | to pay the cos | t of attending |
| Weatherford College for the 2023-2024 academic | year. | | | |
| | | | | |
| Student's Signature | Student's SSN | | Date S | igned |
| Signature of WC staff member | Date Collected | | | |
| A color copy of the unexpired valid gove below, or that is presented to a notary, sue The original Statement of Educational P separate page than the Statement of Educational Purpose was the document notarized. NOTARY'S CERTIFICATE OF ACKNOWLE | uch as, but not limited to, a dr Purpose provided below, which lucational Purpose, there must | iver's license, other state-is ch must be notarized. If th | ssued ID, or pa e notary state | assport; and ment appears on |
| Only complete this section if you are unable to app | pear at Weatherford College in | person. | | |
| | | | | |
| State of City/ | /County of | On | _ | ,before me, |
| | , personally appeared, _ | | Date | , and |
| Notary's Name | | Printed nan | ie of Signer | |
| proved to me on the basis of satisfactory evidence | of identification | e of government-issued photo | ID | to be the |
| above-named person who signed the foregoing ins | | WITNESS my hand and o (Official Seal) | | |
| Signature of Notary | | | | |
| | | | | |
| My commission expires on | | | | |

THIS FORM CANNOT BE FAXED OR EMAILED. Federal Regulations require the original document.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

| PLEASE RETURN ALL FORMS AND DOCUMENTATION—list student's name and Social Security Number at top of all documents | | | | |
|--|---|--|--|--|
| Turn in to any WC location or mail to | Office Use: | | | |
| WC Financial Aid Office | | | | |
| Phone: (817) 598-6295 | | | | |
| | | | | |
| | Turn in to any WC location or mail to WC Financial Aid Office | | | |