

OTC Office of Financial Aid Representative Signature

Identity and Statement of Educational Purpose Form:

HIDE22 Aid Year:

2022-2023

Student Printed Name	OTC ID Number	SSN
Your application was selected for review in a proceed Department of Education require us to ask for this information.		
You are required to complete all appropriate sect with any additional requested documentation. If yo requested, we will not be able to complete the process.	u do not complete this form	n or submit all of the required documents
DO NOT COMPLETE THIS FORM IN ADVANCE:	:	
 Section 1 and Section 2 must be completed and Office of Financial Aid in the JEK Building if Section 3 and Section 4 must be completed and form to the OTC Office of Financial Aid in perso government-issued photo ID, must be mailed to You must present a valid government-issued physical state-issued ID, or passport to verify your identification. 	you are submitting this form in d signed in the presence of a n. This form, with the original OTC at the address provided noto identification (ID), such as	n person. Notary Public if you <u>are not</u> submitting this signatures and a copy of your. It is, but not limited to, a driver's license, other
Section 1: Identity an	d Statement of Education	nal Purpose
I certify that I,(Print Student's Name)	, am th	ne individual signing this Statement of
Educational Purpose and that the federal stud for educational purposes and to pay the cost of		-
Student Signature:		Date:
By signing above, the student acknowledges and confirmisleading information on this worksheet, you may be face.		
Section 2: To be completed by OTC Final	ancial Aid Office represe	ntative if submitting in person
The student has signed this form in my presence identification (ID), such as, but not limited to, a condentity. I have made a copy of this document, a and attached the documentation to this form.	driver's license, other state-iss	sued ID, or passport to verify his or her
OTC Office of Financial Aid Representative Name Printe	ed Financial Aid	Representative / Title

Date

		. <u> </u>
Printed Student Name	OTC ID	SSN

This page is only to be completed if you are not submitting this statement in person.

DO NOT COMPLETE THIS FORM IN ADVANCE:

- Section 3 and Section 4 must be completed and signed In the presence of a Notary Public if you <u>are not</u> submitting this
 form to the OTC Office of Financial Aid in person. Leave Section 1 and Section 2 blank. This form, with the original
 signatures and a copy of your photo ID, must be mailed to OTC at the address provided.
- You must provide along with this form, a copy of the valid government-issued photo identification (ID) that is
 acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or
 passport to verify your identity. Please include your OTC ID Number on the documentation.

Section 3: Identity and Stateme	ent of Educational Purpose
I certify that I,	, am the individual signing this Statement of
(Print Student's Name)	
Educational Purpose and that the federal student finance	cial assistance I may receive will only be used for
educational purposes and to pay the cost of attending (Orgeechee Technical College for 2022-2023
caddational purposes and to pay the cost of attending t	Syctomice retrimited contage for 2022 2020.
Student Signature:	Date:
Otadon Oignaturo:	
By signing above, the student acknowledges and confirms that the misleading information on this worksheet, you may be fined, be set	
Section 4: To be completed by Not	ary Public if submitting by mail
Notary's Certificate of	Acknowledgement
State of	City/County of
On, before me,	,
(Date)	(Notary's Name)
personally appeared	, and proved to me on basis of satisfactory
(Printed name of signer)	
evidence of identification	to be the
(Type of government-issued photo above-named person who signed the foregoing instrument.	ID provided)
WITNESS my hand and official seal	
(seal)	
	(Notony signature)
Myzaamaisa	(Notary signature)
iviy commiss	ion expires on

Ogeechee Technical College, Office of Financial Aid, One Joe Kennedy Blvd, Statesboro, GA 30458