CHAMPLAIN COLLEGE

STUDENT INFORMATION (PLEASE PRINT)

OFFICE OF FINANCIAL AID

163 South Willard Street PO Box 670 Burlington, Vermont 05402

> P 802.860.2777 F 802.860.2775

COMPLETE IN THE PRESENCE OF A NOTARY

2023-24 IDENTITY AND STATEMENT OF

EDUCATIONAL PURPOSE

www.champlain.edu

LAST NAME	FIRST NAME	MI	CHAMPLAIN COLLEGE ID NUMBE	ER .
ADDRESS			DATE OF BIRTH	
CITY	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE A	AREA CODE)
IDENTITY AND	STATEMENT OF EDUCATION	ONAL PURPOSE (COMP	LETE WITH NOTARY)	
	is unable to appear in perso amplain College:	on at <u>Champlain Coll</u>	ege to verify his or her ident	ity, the student must
			o identification (ID) that is actionse, other state-issued ID	
statem	nent appears on a separate p	page than the Stateme	led below, which must be no ent of Educational Purpose, t was the document notarized.	here must be a clear
	<u>STAT</u>	EMENT OF EDUCAT	IONAL PURPOSE	
Federal student			signing this Statement of Educat	
(STL	JDENT'S SIGNATURE)	(DATE)		
Contra of	·	CERTIFICATE OF	ACKNOWLEDGEMENT	
State of City/County of				
On	, before me,		······································	
(DATI	 -	(NOTARY N	NAME)	
personally appear	red,		, and provided to me	
	(STUD	DENT NAME)	•	
on basis of satisf	actory evidence of identification	on		
	•		TIFICATION TYPE)	
to be the above-	-named person who signed the	foregoing instrument.		
WITNESS my	hand and official seal			
•		(NOTARY'S SIGNAT	URE)	(SEAL)
My Commission	expires on the following date:			
	W/A D NI NIC	C. If you purposely give felse	or misloading	



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