

2024-25 Identity Verification & Statement of Educational Purpose - In Person

Financial Aid Office  
1933 Fort Vancouver Way | Vancouver, WA 98663-3598  
(360) 992-2153 | FAX (360) 992-2864 | finaidmail@clark.edu

ctcLink	Date of Birth	
Last	First	Middle

Your 2024-25 financial aid file has been selected for review. To complete the review, you must complete and submit this form in person along with the additional documents required.

**Step 1: Fill out the certification below with a Financial Aid Staff Member.** (If you are UNABLE to SUBMIT THIS FORM IN PERSON, please contact the Financial Aid Office for the Notary version of this form.)

I certify that I, \_\_\_\_\_ (Print Student’s Name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Clark College for 2024-2025.

**Step 2: Provide your valid, unexpired government-issued photo identification such as, but not limited to, a driver’s license, state identification, or passport.**

**Step 3: Certification and Signature.**

STUDENT CERTIFICATION AND SIGNATURE: By signing and submitting this form, I certify that all information reported on it is true and correct. I understand that by purposely giving false or misleading information on this form, I may be fined, sentenced to jail, or both.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Use Only \_\_\_\_\_

I certify that I know or have satisfactory evidence that (name of person) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed the 2023-2024 Identity Verification and Statement of Educational Purpose and acknowledged it to be (his/her) free and voluntary act for the use and purpose mentioned in this instrument.

Name of Financial Aid staff member \_\_\_\_\_ (signed)

Name of Financial Aid staff member \_\_\_\_\_ (printed)

Date \_\_\_\_\_ (printed)