Office of Financial Aid
Waycross Campus (912) 287-6584
Jesup (912) 427-5800
Alma (912) 632-0951
Camden (912) 522-4511
Hazlehurst (912) 379-0041
Baxley (912) 367-1700
Golden Isles (912) 262-4999
Email: finaid@coastalpines.edu
Website: www.coastalpines.edu

Identity Verification and Statement of Educational Purpose
Form: **IVEP22**
Aid Year: **2021-2022**

Please ***Type*** or ***Print*** clearly.
Student Information

Last Name	First Name & Middle Initial	CPTC – Student ID Number

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(Completion of this section MUST BE WITNESSED AND SIGNED BY A NOTARY OF THE PUBLIC)

If the student is unable to appear in person at Coastal Pines Technical College to verify his or her identity, the student must provide:

a) 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, and other state-issued ID, or passport; and

b) The **original** notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I_____ am the individual signing this
(Print Student's Name)
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 Coastal Pines Technical College for 2021-2022.

Student's Signature _____ Date _____

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____
(Date) (Notary's Name)
Personally appeared, _____, and provided to me on the
(Printed Name of signer)
Basis of satisfactory evidence of identification _____
Type of government-issued photo ID provided)
To the above-named person who signed the foregoing instrument.
WITNESS my hand and official seal _____
(Notary Signature)
My commission expires on _____
(Date)

(SEAL)

This document must be "Hand Delivered" or delivered by U.S. Postal Service to your local CPTC Office of Financial Aid.

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup Campus, 1777 West Cherry Street, Jesup, Georgia, khoward@coastalpines.edu , 912.427.5876; Brittaney Coleman, Title IX Coordinator, Waycross Campus, 1701 Carswell Avenue, Waycross, Georgia, bcoleman@coastalpines.edu, 912.287.4098; Cathy Montgomery, ADA/Section 504/Title IX Coordinator for all students, all campuses, 3700 Glynco Pkwy., Brunswick, Georgia, cmontgomery@coastalpines.edu, 912.262.9995.

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Form: **IVEP22**
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Please ***Type*** or ***Print*** clearly.
Student Information

Last Name	First Name & Middle Initial	CPTC – Student ID Number

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(To Be Signed in the Office of Financial Aid at Coastal Pines Technical College)

The student must appear, **in person,** at Coastal Pines Technical College to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, **the student must sign, in the presence of the institution official,** the following:

Statement of Educational Purpose

I certify that I_____ am the individual signing this
(Print Student's Name)
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 Coastal Pines Technical College for 2021-2022.

Student's Signature	Date

Office of Financial Aid use only

The above named individual personally appeared before me and provided the proper valid government-issued photo ID, in which a copy was obtained with this form.

Date Received: _____

Name of Official who reviewed identification: _____

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