

IDENTITY VERFICATION FOR ONLINE ONLY STUDENTS 2024-2025

(To be signed at the Institution)

		Name (Last N	(ame)	(First Name)	(MI)	
<u> </u>		(Lastin	ame)	(First Name)	(MI)	
1 Identity or	nd Statament of	f Educational Dunnaga				
i. Identity an	nu Statement of	f Educational Purpose				
If the student provide:	is unable to app	ear in person at St. Louis Co	mmunity College to ver	ify his or her identity, the s	student must	
		rnment-issued photo identificativer's license, other state-issu			ment below, such	
b. The origin	nal notarized Sta	atement of Educational Purpo	se (in English or Spani	sh) provided below.		
2. Statement	of Educational	l Purpose				
I certify that I,_			, am the individ	, am the individual signing this Statement of Educational		
Purpose and the	at the federal stude	(Print Student's Name) ent financial assistance I may rece	ive will only be used for e	ducational nurnoses and to nav	the cost of	
		College for 2024-2025.	ive will only be asea for e	adeational purposes and to pay	the cost of	
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Student Signat	ture		Date	Student ID N	umber	
Student Signat	ture		Date	Student ID N	umber	
Student Signat	ture		Date	Student ID N	fumber	
Student Signat	ture		Date	Student ID N	umber	
Student Signat	ture	OFFICE	Date E USE ONLY	Student ID N	fumber	
Student Signat	ture	OFFICE		Student ID N	umber	
Student Signat	ture		E USE ONLY		fumber	
Student Signat	ture	OFFICE (Type of ID copied)	E USE ONLY	Student ID N FA Initials)	umber	
Student Signat	ture		E USE ONLY		fumber	