



**Office of Student Financial Services**

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**2023-2024 Verification of Identity and Educational Purpose – IN PERSON**

Student Name: \_\_\_\_\_ SMC ID# \_\_\_\_\_

**Important Instructions: Complete this form IN PERSON at the Office of Student Financial Services with a valid, government issued photo ID such as, but not limited to, a driver's license, passport, or state issued ID.**

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing

(Print Student's Name)

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 Saint Michael's College for 2023-2024.

\_\_\_\_\_  
(Student's Signature)

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

**Student Financial Services Staff Certification:**

The student named above appeared before me and verified his/her identity on the basis of

\_\_\_\_\_ and I have:

(Type of ID presented)

- Taken a photo copy of the valid, government issued photo ID
- Annotated the photo copy "Received and reviewed by [counselor name] on [date]."

\_\_\_\_\_  
(SFS Staff Name)

\_\_\_\_\_  
(SFS Staff Signature)