Office of Financial Aid
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
Fax: 802-654-2591
E-mail: finaid@smcvt.edu

a

2026-2027 Verification of Identity

Student Name:_____ SMC ID#_____

Instructions: Present a valid, government issued photo ID IN PERSON or through LIVE VIDEO CALL to the Office of Student Financial Services. A valid ID includes, but is not limited to, a driver's license, passport, or state issued ID.

Student Financial Services Staff Certification:

The student named above appeared before me and verified his/her identity using the following Identification

_____ and I have:
(Type of ID presented)

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

_____ _____
(Financial Aid Office Staff Name) (Financial Aid Staff Signature)