



Office of Student Financial Services

One Winooski Park, Box 4

Colchester, VT 05439

Tel. 802-654-3243

Fax: 802-654-2591

E-mail: finaid@smcvt.edu

2025-2026 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 2025-2026.

(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)