



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 - NOTARY

Student Name: _____

SMC ID# _____

Important Instructions:

- **Bring this form, a valid, government issued photo ID and a photocopy of your valid, government issued photo ID to a public notary. Complete this form in person with a public notary.**
- **The notary will notarize this form and the photocopy of your valid, government issued photo ID.**
- **Send this notarized form and the notarized photocopy of your valid, government issued photo ID to Student Financial Services by mail.**

A valid, government-issued photo ID can be, but is 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)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's name)

Personally appeared, _____, and proved to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal)

(Notary signature)

My commission expires on _____ (Date)

F25IDSEP

For Student Financial Services Use Only:

On _____ I, received and reviewed this original, notarized form which contained the original signatures of both the
(Date)

student and the notary and the public notary's original seal. _____

SFS Staff Name

SFS Staff Signature