

IVER (Identity/HS Verif Flag and ISP)

Mailing Address:

COTC Student Financial Services 1179 University Drive Newark, OH 43055 740-366-9435

2024-2025 Identity/Statement of Educational Purpose Form

Student Name:		COTC ID:	: 0		
You have been selected by the Department of unexpired valid government-issued photo it ssued ID, or passport at Student Financial Ser	dentification (ID) such vices or at one of the	h as but not limited to Gateway's extended	o a driver's	s license, othe	
Staten	nent of Education	nal Purpose			
I certify that I am (Print Student's Name)		the individual signing this Statement of			
(Print Student's N Educational Purpose and that the for educational purposes and to p 2025.	Federal student fina	ncial assistance I	may rece	ive will only	
(Student's Signature)		(Date)			
(COTC Representative, if presented in person)		(Date)			
Notary's © State of City/County of					
On, before me,	(Notary's nar	ne)			
personally appeared,(Printed name of	of signer)	, an	d proved	to me	
on the basis of satisfactory evidence of ide		xpired government	t-issued p	hoto ID prov	/ided)
o be the above-named person who signed	I the foregoing instru	ıment.			
WITNESS my hand and official seal (seal)					
(===-/	(No	otary signature)			-
	My commission ex	xpires on	<u> </u>		_
All documents and forms submitted to Student Financial Se eturned to the student, spouse, or parent (i.e. tax returns,			(Date) al College an	d cannot be cop	ied or