

Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598 **Email:** finaid@tfc.edu **Phone:** (706) 914-8681 **Fax:** 706-282-6041

Identity and Statement of Educational Purpose

The student must appear in person at Toccoa Falls College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If the student is unable to appear in person at Toccoa Falls College to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I			
(Print Student's Name)			
Purpose and that the Federal student finance of attending Toccoa Falls College for 2024		y be used for educatio	nal purposes and to pay the cost
(Student's Signature)	(Date) (S	tudent's ID Number)
N	Notary's Certificate of Ackno	wledgement	
C' + C - C			
City/County of, 20, before	e me the undersigned notary public	nersonally anneared	
On this day or, 20, below	e me, the undersigned notary public,	personally appeared _	(Printed name of signer)
proved to me through satisfactory evidence	e of identification, which was		(1 timed name by signer)
to be the above-named person who signed the foregoing instrument. (Type of government-			t-issued photo ID provided)
WITNESS my hand and official seal			
			(Notary signature)
(seal)			, ,
My Commission expires on			on
	,	1	(Date)
INTERNAL USE ONLY			
Signature of TFC Financial Aid Official			Date.