

## Office of Financial Aid

1704 S. Slappey Blvd. Albany, Ga 31701 Finaid@albanytech.edu Fax: 229-461-4152 Statement of Educational Purpose 2023-24 School Year

If the student is unable to appear in person at <u>Albany Technical College</u> to verify his or her identity, the student must provide:

- a. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- b. The original notarized Statement of Educational Purpose (in English or Spanish) provided below.

## **Statement of Educational Purpose**

| I certify that I,(Print Student's Name)                              | , am t                          | he individual signinį   | g this Statement of               |  |
|--|---------------------------------|---|-----------------------------------|--|
| Educational Purpose and that the furposes and to pay the cost of att |                                 | •   | <u> </u>                          |  |
| Student Signature:   | Date:                           | Student'  | 's ID Number: 900-                |  |
| De   | claración de Propó              | sito Educativ   | 70                                |  |
| Certifico que yo,  | , soy el indivi                 | studiante], soy el individuo que firma sta Declaración de Finalidad |                                   |  |
| Educativa y que la ayuda financie                                    | ra federal estudiantil que yo p | ueda recibir, sólo se   | erá utilizada para fines          |  |
| educativos y para pagar el costo de                                  | e asistir a Albany Technical (  | College para 2023-20  | 024.                              |  |
|  |                                 | 900   |                                   |  |
| [Firma del Estudiante]   | [la Fecha]                      |   | [dentificación del Estudiante]    |  |
| Notary State of  | y's Certification of            | 9   | ement<br>                         |  |
| City / County of   |                                 |   |                                   |  |
| On, befo   | Ore me,(Notary's Name)          |   | , personally appeared             |  |
| (Printed nam   | and provided to me              | on basis of satisfac  | ctory evidence of identification, |  |
| (Type of government-issued photo ID provided                         | to be the above-named           | person who signed t   | he forgoing instrument.           |  |
| WITNESS my hand and official   | seal                            |   |                                   |  |
|  |                                 | signature)  | (seal)                            |  |
| My commission expires on   | Date)                           |   |                                   |  |

As set forth in its student catalog, Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, veteran status or citizenship status (except in those special circumstances permitted or mandated by law).