

2025-2026 Identity and Statement of Educational Purpose

Serving Richmond and Scotland Counties

To be signed at the	Institution				
Student Name:				_ Student ID:	
Last		First	MI		
Telephone:	Email:			Date of Birth:	
presenting an unexpired to, a driver's license, oth student's photo ID that i and the name of the offi	valid governmener state-issued s annotated by the cial at the institutions sign, in the ovided below.	nt-issued p ID, or pass the institution ation author presence	hoto identificati port. The institu on with the date ized to receive	ge to verify his or her identity by on (ID), such as, but not limited ution will maintain a copy of the e it was received and reviewed, and review the student's ID. In ional official, the Statement of	
I certify that I,				am the individual signing this	
•	Print Student's Name))			
	•			al assistance I may receive will only chmond Community College for	
Student Signature				Date	
Institutional Official Signati	ure			Date	

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to prison, or both.