



Office of Financial Aid  
 Waycross Campus (912) 287-6584  
 Jesup (912) 427-5800  
 Alma (912) 632-0951  
 Camden (912) 510-3327  
 Hazlehurst (912) 379-0041  
 Baxley (912) 367-1700  
 Golden Isles (912) 262-4999  
 Website: [www.coastalpines.edu](http://www.coastalpines.edu)

**Identity Verification  
 and Statement of  
 Educational  
 Purpose**  
 Form: **IVEP20**  
 Aid Year: 2019-2020

Please *Type* or *Print* clearly.  
**Student Information**

\_\_\_\_\_  
 Last Name    First Name & Middle Initial                          CPTC – Student ID Number

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**  
 (Completion of this section **MUST BE WITNESSED AND SIGNED BY A NOTARY OF THE PUBLIC**)

**If the student is unable to appear in person at Coastal Pines Technical College  
 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, and other state-issued ID, or passport; and
- b) The **original** notarized Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
 (Print Student's Name)

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 Coastal Pines Technical College for 2019-2020.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
 (Date) (Notary's Name)

Personally appeared, \_\_\_\_\_, and provided to me on the  
 (Printed Name of signer)

Basis of satisfactory evidence of identification \_\_\_\_\_  
 Type of government-issued photo ID provided)

To the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
 (Notary Signature)

My commission expires on \_\_\_\_\_  
 (Date)

(SEAL)

**This document must be "Hand Delivered" or delivered by U.S. Postal Service to your local  
 CPTC Office of Financial Aid.**

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup Campus, Office 132, [khoward@coastalpines.edu](mailto:khoward@coastalpines.edu), 912.427.5876; Cynthia Linder, Office 1439, Title IX Coordinator, Waycross Campus, [clinder@coastalpines.edu](mailto:clinder@coastalpines.edu), 912.287.4098; and Cathy Montgomery, ADA/Section 504 Coordinator, Golden Isles Campus, Office 1141, [cmontgomery@coastalpines.edu](mailto:cmontgomery@coastalpines.edu), 912.262.9995.



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Verification and  
Statement of  
Educational  
Purpose**  
Form: **IVEP20**  
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**Student Information**

\_\_\_\_\_

Last Name	First Name & Middle Initial	CPTC – Student ID Number
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\_\_\_\_\_

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**  
**(To Be Signed in the Office of Financial Aid at Coastal Pines Technical College)**

The student must appear, **in person**, at Coastal Pines Technical College to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, **the student must sign, in the presence of the institution official**, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student’s Name)

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 Coastal Pines Technical College for 2019-2020.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

**Office of Financial Aid use only**

The above named individual personally appeared before me and provided the proper valid government-issued photo ID, in which a copy was obtained with this form.

Date Received: \_\_\_\_\_

Name of Official who reviewed identification: \_\_\_\_\_

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