



# 2016–2017 Identity and Statement of Educational Purpose

To be signed at the Institution

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840  
978-762-4189 or 781-477-2191

www.northshore.edu/financial-services  
sfs@northshore.edu

Required (please print)	ISEP									
Student ID#		<i>Your 2016-2017 free application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You are required to complete this form in order to complete the review process. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA and make any necessary changes.</i>								
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			N	0	0					
N	0		0							
Last Name: _____										
First Name: _____										

The student must appear in person at North Shore Community 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 by the institution with the date it was received and reviewed 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 institutional 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 North Shore Community College for 2016-2017.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

**We cannot accept digital signatures.**

<b>For Office use only:</b>	
NSCC Staff Member: _____	Date: _____
<b>Photo ID:</b> Must attach a copy	
<input type="checkbox"/> Driver's License	
<input type="checkbox"/> Passport	
<input type="checkbox"/> State issued ID	
<input type="checkbox"/> Other _____	