



FINANCIAL AID OFFICE
214 Center Grove Road,
Randolph, NJ 07869
Phone: 973-328-5230 Fax: 973-328-5237
Email: finaid@ccm.edu

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

#1. IF SUBMITTING THIS FORM IN PERSON YOU MUST SIGN IT IN THE PRESENCE OF A FINANCIAL AID ADMINISTRATOR.

I certify that I (your full name name), _____ am the individual signing this "Identity & Statement of Educational Purpose" and that the Federal student financial assistance I receive will only be used for educational purposes and to pay the cost of attending the County College of Morris for (i.e. 2014-15) _____ school year.

(Student's Signature) (Date) (Student's ID Number)

#2. PLEASE PROVIDE A VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION (ID), SUCH AS A DRIVER'S LICENSE OR PASSPORT TO THE OFFICE OF FINANCIAL AID TO BE COPIED.

FA Office Use ONLY - Type of Approved Identity Presented _____ FA Administrator _____ (Signature)

#3. FOR STUDENTS WHO ARE UNABLE TO APPEAR IN PERSON AT THE COUNTY COLLEGE OF MORRIS TO VERIFY HIS OR HER IDENTITY.

Please mail this form completed by you, signed and dated by a notary along with a copy of a valid government-issued photo ID to: The Financial Aid Office, 214 Center Grove Road, SCC-210. Randolph, NJ 07869.

Notary's Certificate of Acknowledgement/Seal and Signature Section Below: