



Return Information to: CSC START Office  
1000 Main Street, Chadron NE 69337  
Phone: (308) 432-6060  
**THIS FORM MUST BE MAILED**

**2016-2017**

**Notarized Identity and Statement of Educational Purpose**

_____ Student's Last Name	_____ Student's First Name	_____ Student's M.I.	_____ Student's NUID or Social Security #
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

To verify your identity, you ***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 provided below.

**Statement of Educational Purpose**

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

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 Chadron State College for 2016–2017.

STUDENT 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  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary signature)

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