

Financial Aid Office 300 Spirit River Dr. S Cambridge, MN 55008 Financial Aid Office 11200 Mississippi Blvd. NW Coon Rapids, MN 55433

Fax# 763-433-1501

OR

financialaid@anokaramsey.edu

2020-2021 Identity and Statement of Educational Purpose

ISEP

Your application was selected for review in a process called verification. In this process, Anoka-Ramsey Community College (ARCC) compares information from your FAFSA application with the information requested below. The Federal law says we have the right to ask you for this information before awarding Federal aid.

A. Student Identification

The student must appear in person at Anoka-Ramsey Community College to verify his or her identity by presenting 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.

Last Name	First Name	MI	ARCC Student ID
B. Statement (To Be Signed	of Educational Purpos with Notary)	e	
I certify that I	(Drint Charles Nove)		am the individual signing this
			cial assistance I may receive will
only be used for edu	ucational purposes and to pay	y the cost of attendi	ng Anoka-Ramsey Community
College for 2020-20	21.		
(Student's Signature	e)		(Date)
(Student's ID Numb	er)		
Notary's Public's Certi	ficate of Acknowledgement:		
State of City/County of On	before me		
(Date)	(Notary's name)		
Personally appeared,		, and provide	ed to me
	nted name of signer) evidence of identification		
_	(Type of go person who signed the foregoing instr	vernment-issued photo ID ument.	provided)
(Notary signature)		WITNESS my ha and official seal	
My commission expires	on(date)	(SEAL)	