

Lacy Bailey 229-931-2755 Kierra Sparks 229-931-2693 Kelly Everett 229-931-2351 Danyel Tobias 229-271-4043

Statement of Educational Purpose

(Tracking Group V4 & V5) *Please note: This form cannot be faxed.*

The student must appear in person at South Georgia Technical 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.

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

Statement of Educational Purpose		
I certify that I Purpose	am the individual signing this St	tatement of Educational
(Print Student's Name	e)	
and that the federal student financial educational purposes and to pay the 2020-2021.	3	•
(Student's Signature)	(Student's ID Number)	(Date)
Authorized Financial Aid Representat	tive	Date