

## Identity and Statement of Educational Purpose 2023-24

Important Instructions (In order to complete this form, you have two options from which to choose.)

Option 1 Submit this form directly to Middlesex College Enrollment Services.

This form *must* be completed and signed in front of a Middlesex College Enrollment Services staff member. Do not complete any part of this form until you are in the presence of a Middlesex College Enrollment Services staff member. Otherwise, it will not be accepted.

Option 2 Mail this form

If you are unable to appear in person at Enrollment Services, then you may complete this form in the presence of a notary public. This completed form *cannot* be faxed or emailed to our office. Mail the completed, notarized form with a copy of your ID to: Middlesex College Financial Aid Office, 2600 Woodbridge Ave., Edison, NJ 08818-3050

For Both Identification is Required

In addition to this form, you must provide a valid (un-expired) form of government-issued photo identification. Examples of acceptable ID are a driver's license, state-issued ID, or passport. Your Middlesex College ID card cannot be accepted for the purposes of this form because it is not government-issued.

## **A. STUDENT INFORMATION**

Student Name:		
	(Print Last Name)	(Print First Name)
Middlesex College ID No	umber:	
B. STATEMENT O	F EDUCATIONAL PU	RPOSE
(Do Not sign unless you	ı are in the presence of an E	Enrollment Services Representative).
I certify that I		
		(Print Student's Name)
assistance I may rec Middlesex College fo	reive will only be used for eco or 2023-2024. By signing the e and correct. <i>Warning: If yo</i>	ational Purpose and that the federal student financial ducational purposes and to pay the cost of attending is worksheet, the student certifies that all of the information ou purposely give false or misleading information, you may
Student's Signature	Date	Enrollment Service Representative's Signature Date

## C. NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

This form is required to be notarized *only* if you are unable to appear in person. State of \_\_\_\_\_\_ city/County of \_\_\_\_\_ on \_\_\_\_ , \_\_\_\_\_ personally appeared before me, \_\_\_\_ (Student's Name) (Notary's Name) and provided to me on the basis of satisfactory evidence of identification \_\_\_\_\_\_ (Type of government-issued photo ID provided) to the above-named person who signed the foregoing instrument. Witness by my hand and official seal (Notary's Signature) (Date commission expires) D. ENROLLMENT SERVICES OFFICE SECTION Submitted: ☐ In person ☐ By Mail **Enrollment Services Representative Name (Print)** 

For Office Use Only FAC23SEP

New Brunswick | Perth Amboy

R3/23



Date Received

**Enrollment Service Representative Signature**