Office of Financial Aid

(THIS FORM MUST BE RETURNED IN PERSON TO THE CAMPUS FINANCIAL AID OFFICE)

V4 CUSTOM VERIFICATION WORKSHEET 2017-2018

__________________________________________              _____________________________
Student’s Name (Please print)                            SCCC ID#

PROOF OF HIGH SCHOOL COMPLETION:  (Staff use only - Check which applies)

○ Copy of high school diploma
○ Copy of final official high school transcript that shows the date when the diploma was awarded
○ Copy of GED
○ Copy of document received.  Date received: _____________   Accepted by: ______________

Identity and Statement of Educational Purpose
(To be signed in person at the Campus Financial Aid Office)

You must appear in person at Suffolk County Community College to verify your identity by presenting valid
government-issued photo identification, 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.

Statement of Educational Purpose:

I certify that I ____________________________ am the individual signing this Statement of
Educational Purpose and that the federal student financial assistance I may receive will only be used for
educational purposes and pay the cost of attending Suffolk County Community College for 2017-2018.

___________________________________________                        __________________________________
Student’s Signature         Date

___________________________________________    __________________________________
Staff Signature         Date

Reminder:  This form must be returned in person to the campus Financial Aid Office.

Central Administration
533 College Road
Selden, NY 11784-2899
(631) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Michael J. Grant Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500

1718 V4 Custom Verification Worksheet