



Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

If the student is **unable to appear in person at Sussex County Community College** to verify their identity, **the student may have a notary outside of the college verify his or her identity**. They must provide one of the forms of identification listed above in person to the notary and provide a copy of this identification to Sussex County Community College along with the above Statement of Educational Purpose signed and notarized below.

**NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name) personally appeared,

\_\_\_\_\_, and proved to me  
(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired 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)

**CERTIFICATION AND SIGNATURES**

Each person signing this worksheet certifies that all the information reported is complete and correct. If student is dependent, the parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's Signature (required if student is dependent)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature (optional if student is independent)*

\_\_\_\_\_  
*Date*

Return to: Sussex County Community College  
Financial Aid Office, One College Hill Road, Newton, NJ 07860  
Fax: 973-300-2224 Tel: 973-300-2226 [finaid@sussex.edu](mailto:finaid@sussex.edu)