

2025-2026 Identity and Statement of Purpose



A. Student Information

Last Name

First Name

Student's ID Number

B. Identity and Statement of Educational Purpose

Students must provide the following to Reynolds' Office of Financial Aid:

(a) **A copy of an unexpired valid government-issued photo identification (ID)** that is acknowledged in the statement below, such as but not limited to a driver's license, other state-issued ID, or passport (military IDs are not acceptable for this purpose);

AND

(b) The **original** Statement of Educational Purpose below, completed **in person** at Reynolds' Office of Financial Aid *or* completed **in the presence of a Notary** to include original Notary's seal.

Statement of Educational Purpose

(Statement must be completed in the presence of a Notary or in person at Reynolds' Office of Financial Aid)

I certify that I _____ am the individual signing this Statement of Educational Purpose
(Printed Student's Name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Reynolds Community College** for 2025-2026.

(Student's signature)

(Date)

Notary Certificate of Acknowledgement (if completed in the presence of a notary)

WITNESS my hand and official seal

State of _____ City/County of _____

on _____, before me, _____
(date) (Notary's printed name)

personally appeared, _____, and proved to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of original government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

(Notary Signature)

(Date on which my Commission expires)

Authorized Reynolds Official Certificate of Acknowledgment (if completed in-person at Reynolds)

I, _____, confirm that the student appeared before me, provided me their _____
(printed name of Reynolds Official) (Type of original government-issued photo ID provided)
to photocopy and attach, and completed the above Statement of Educational Purpose in my presence.

(Signature of Reynolds Official)

(Date)

Return original document and copy of ID presented to the notary to:

Reynolds' Office of Financial Aid

PO Box 85622

Richmond, VA 23285-5622

This form can only be accepted in its original state and must be received through mail or dropped off in-person. Copies will not be accepted and this form should not be faxed or emailed.