



Financial Aid
 303 University Avenue, Newark, NJ 07102-1798
 p: 973-877-3200
 Room 3220 | www.essex.edu/fa

2024-25
IDENTITY AND STATEMENT OF
EDUCATIONAL PURPOSE
(To Be Signed At The Institution)

Please print clearly.

Students in V4 and V5 verification groups MUST complete this form in person in the Newark office.

Student Last Name	First Name	ECC ID#	Home Phone	Cell Phone

Address		
City	State	ZIP
Email Address		
	@	

Identity and Statement of Educational Purpose
 (To Be Signed at the Institution)

The student must appear in person at Essex County College to verify his or her identity by presenting a 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 _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____ for 2024-25.

(print Essex County College)

(Student's Signature)

(Date)

(Student's ID Number)