

# 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.*