SULLIVAN
COUNTY COMMUNITY COLLEGE

Office of Financial Aid

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Loch Sheldrake, NY 12759
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2026-2027 Student Identity Verification Worksheet

We are required to obtain the following information from you before we disburse any federal financial aid to you for the 2026-2027 Academic Year.

_____ _____ _____ _____

Student's Last Name | Student's First Name | Student's M.I. | Student's Sullivan ID Number

You **MUST** complete **EITHER**:

- Section A in person at the SUNY Sullivan Financial Aid Office

OR

- Section B with a Notary and submit the notarized form to the SUNY Sullivan Financial Aid Office along with a copy of the valid government-issued photo identification (ID).

A. Identity Verification (To Be Signed at the Institution)

On _____, before me _____ appeared in-person
(DATE) (Officer's Name)

_____, and provided to me on basis of satisfactory evidence of identification
(PRINTED NAME OF STUDENT)

_____ to be the above named person. _____
(TYPE OF GOVERNMENT ISSUED PHOTO) (OFFICER'S SIGNATURE)

_____OR_____

B. Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at SUNY Sullivan to verify his or her identity, the student must provide:

(a) A Copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

Notary's Certificate of Acknowledgement

State of _____ City/County of_____

On _____ , before me, _____ ,
(Date) (Notary's Name)

personally appeared, _____ , and provided to on basis of satisfactory evidence
(Printed name of signer)

of identification _____ to be the above named person.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal

_____
(Notary signature)

My commission expires on _____
(Date)

(seal)