

Return Information to: CSC START Office 1000 Main Street, Chadron NE 69337

ORIGINAL FORM MUST BE MAILED

Phone: (308) 432-6061

2023-2024

Notarized Identity and Statement of Educational Purpose

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #	
Student's Street Address (include apt. no.)			Student's Date of Birth	
City	State	Zip Code	Student's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	
notary stateme	nexpired, valid governmen	imited to, a driver'	ntification (ID) that is acknowledged in the s license, other state-issued ID, or passport; rovided below.	
	Statement o	f Educational Pu	rpose	
I certify that I am the individual signing this Statement of (Print Student's Name)				
Educational Purpose	and that the Federal student f	inancial assistance	I may receive will only be used for	
educational purposes	s and to pay the cost of attendi	ing <u>Chadron State</u>	<u>College</u> for 2023–2024.	
STUDENT SIGNATURE:			DATE:	
	Notary's Certific	cate of Acknowle	dgement	
State of City/County of				
	, before me,			
(Date)		(Not	ary's name)	
personally appeare	ed,(Printed r	name of signer)	, and proved to me	
on basis of satisfac	•	,		
On basis of satisfat	ctory evidence or identificat	(Type of unexp	oired government-issued photo ID provided)	
	med person who signed th			
WITNESS my han (seal)	d and official seal			
		(Notary signa	ature)	
	My com	mission expires or	1	
(Date)				