

Attn: Financial Assistance Services / Verification Post Office Box 13489 ~ St. Petersburg, FL 33733-3489

PHONE: 727-791-2485

## **Identity and Statement of Educational Purpose (ISOEP)**

								2023-24
Stude	ent's name: _	Last		<u>_</u>				
Date	of birth:		/	SPC ID:	Pho	ne:		MI
Your ap	oplication was sele	cted for	review in a p	process called "Verification."	The law requires us to ask fo	or this inforn	mation befor	e awarding Federal
request		. If you c		e sections of this form and lete this form or submit all of				
			DO	NOT COMPLETE THI	S FORM IN ADVANC	Ε		
<ul> <li>Section 1 and Section 2 must be completed and signed in the presence of an approved representative of SPC Financial A are submitting this form in person.</li> </ul>					ancial Assista	nce Services if you		
•		es in per		eted and signed in the presence n, with the original signatures a				
•				vernment-issued photo identific PC will maintain a copy of your p		ted to, a drive	er's license, c	other state-issued
			<b>Section 1</b>	: Identity and Statem	ent of Educational Pu	rpose		
				tudent's name) ederal student financia				
	•			e cost of attending St.	▼		•	
Stude	ent's signatu	re:			Date	e:		
	ing above, the stud ksheet, you may be			confirms that the above is cor jail, or both.	mplete and correct. If you pur	posely give fa	alse or misle	ading information on
Se	ection 2: To be	e comp	leted by S	SPC Financial Assistar	nce Services represent	ative if su	ıbmitting	in person
	The student has signed this form in my presence and the student has presented an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport to verify his or her identity. I have made a copy of this document, annotated the copy with the SPC ID Number, the date it was received and reviewed, and the name of the authorized individual that obtained the documentation, and attached the documentation to this form.							
FAS representative's name:			ame:		FAS	title: _		
FAS :	representativ	⁄e's si	gnature:		Date	e:		

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The college will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the Director of Equity, Diversity and Inclusion, & Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaeo\_director@spcollege.edu or spctitleix@spcollege.edu.

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Student's name:	SPC ID:
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This page is only to be completed if you are not submitting this statement in person.

## DO NOT COMPLETE THIS FORM IN ADVANCE

- Section 3 and Section 4 must be completed and signed in the presence of a Notary Public if you are not submitting this form to the SPC Financial Assistance Services office in person. Leave Section 1 and Section 2 blank. This form, with the original signatures and a copy of your photo ID, must be mailed to SPC at the address provided at the top of page 1 of this form.
- You must provide along with this form, a copy of the unexpired 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 to verify your identity. Please include your SPC ID Number on the documentation.

Section 3: Identity and St	atement of Educational Purpose				
Educational Purpose and that the Federal student fin	, am the individual signing this Statement of nancial assistance I may receive will only be used for				
educational purposes and to pay the cost of attending	g St. Petersburg College for 2023-24.				
Student's signature:	Date:				
By signing above, the student acknowledges and confirms that the above worksheet, you may be fined, be sentenced to jail, or both.	is complete and correct. If you purposely give false or misleading information on the				
Section 4: To be completed by	Notary Public if submitting by mail				
Notary's Certifica	ate of Acknowledgement				
State of	City/County of				
On, before me,	(Notary's name)				
personally appeared(Printed name of signer)	, and proved to me on the basis of satisfactory evidence				
of identification(Type of unexpired government-issued photo ID provide	to be the above-named person who signed the ed, including ID number)				
foregoing instrument.					
WITNESS my hand and official seal (seal)					
	(Notary signature)				
	My commission expires on(Date)				

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