

Office of Financial Aid 1510 Lake Rd | Dyersburg, TN 38024 financialaid@dscc.edu

Fax: 731-286-3354 Phone: 731-286-3350

2025-2026 Identity and Statement of Educational Purpose

| Student's Name: | Student's ID: |
|--|--|
| Identity and Statement o | of Educational Purpose (To Be Signed at the Institution) |
| • • • • | n at Dyersburg State Community College to verify his or her identity by vernment-issued photo identification (ID), such as, but not limited to, - a driver's license, - other state-issued ID, - or passport. |
| • • | f the student's photo ID that is annotated by the institution with the date e name of the official at the institution authorized to receive and review the student's ID. |
| In addition, the student must sign, i | n the presence of the institutional official, the Statement of Educational Purpose provided below: |
| Sta | atement of Educational Purpose |
| I certify that I,(Print Student's Na | , am the individual signing this Statement of Educational me) |
| Purpose and that the Federal student | financial assistance I may receive will only be used for educational |
| purposes and to pay the cost of attended | ding Dyersburg State Community College for 2025–2026. |
| Student's Signature: | Date: |
| Student's ID: | |
| | Office Use Only |
| Document Received by (DSCC Employe | ee): Date: |