



Return this form to:
Carl Albert State College
Financial Aid Office
Hemphill Hall – HH102
P: 918-647-1343

2018-2019 Identity and Statement of Educational Purpose (To Be Signed with Notary)

Student Name:	SSN or ID:
Phone Number:	Date of Birth:

If the student is unable to appear in person at Carl Albert State College to verify his or her identity, the student must provide 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; and the original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Carl Albert State College for the 2018-2019 academic year.
(Print Student’s Name)

Student’s Signature

Date

Notary’s Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary’s name)
personally appeared, _____, and provided to me
(Printed name of signer)
on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

Verified By: _____