



**Return this form to any of the following:**

- Poteau: Hemphill Hall – HH102
- Sallisaw: Mayo – 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

## 2022-2023 Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

Student Name:	Student 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 to the institution:

- (a)** A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; **and**
- (b)** The original Statement of Educational Purpose provided below, **which *must* be notarized**. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

### Statement of Educational Purpose

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational  
(Print Student’s Name)

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 **2022-2023**.

\_\_\_\_\_  
**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 unexpired 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)

**FA Initials:** \_\_\_\_\_