



Return this form to any of the following:

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

2023-2024 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 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 **2023-2024**.

(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 **2023-2024**.

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: _____