



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 Person at the Institution)

Student Name:	Student ID#:
Phone Number:	Date of Birth:

The student must appear **in person** at Carl Albert State College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

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 **2023-2024**.

Student’s Signature

Date



Place copy of ID or scan form with ID.

FA Initials: _____