

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

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

Date

# 2024-2025 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 <u>unexpired valid government-issued photo identification (ID)</u> 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 <u>Statement of Educational Purpose</u> provided below, <u>which *must* be notarized</u>. 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 **2024-2025**.

Student's Signature

### Notary's Certificate of Acknowledgement

City/County of On			
(Date)	,,	(Notary's name)	
personally appeared,			, and provided to m
	(Printed name	e of signer)	
on basis of satisfactory e	vidence of identification		
	(1	type of unexpired governme	ent-issued photo ID provi
to be the above-named p			
to be the above-named p			L L
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P: 918-647-1343 | Poteau, OK | Carl Albert State College | Sallisaw, OK | P: 918-775-6977