



Return this form to any of the following:

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

2025-2026 Identity Verification

To Be Signed in Person at the Institution

Student Full Legal 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.

Student's Signature

Date



Place copy of ID or scan form with ID.

Verified by FAA or Authorized Official: _____