



# VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

## FINANCIAL AID OFFICE

1537 University blvd.  
Morrilton, AR 72110

(501) 977-2055  
1-800-264-1094  
Fax: (501) 977-2123

www.uaccm.edu

### To Be Signed in the Presence of a Notary

If the Student is unable to appear in person at the University of Arkansas Community College at Morrilton to verify his or her identity, the student must provide:

- 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
- The original notarized 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. Student must sign the form in the presence of the notary.

### 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 the University of Arkansas Community College at Morrilton for the 2024-2025 school years.

Student's ID No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

### NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

Please note that the Photo ID must also be notarized in order for this form to be accepted

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory  
(Printed Name of Signer)

evidence of identification \_\_\_\_\_ to be the above-named person who signed the foregoing  
(Type of Government-issued photo ID provided)  
instrument.

WITNESS my hand and official seal

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Notary)

My Commission Expires On: \_\_\_\_\_  
(Date)