

FINANCIAL AID OFFICE

1537 University blvd. Morrilton, AR 72110

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

www.uaccm.edu

VERIFICATION OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

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

(Date)

I certify that I,	, am the individual signing this statement of
Educational Purpose and that the Federal student fin	ancial 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 2025-2026 school years.	
Student's ID No.:	
Signature:	Date:
(Student)	
NOTARY'S CERTIFICATE OF ACKN Please note that the Photo ID must also be notarized	OWLEDGEMENT d in order for this form to be accepted
State of	City/County of
On, before me	Notary's Name)
personally appeared,	, and provided to me on basis of satisfactory
evidence of identification	to be the above-named person who signed the foregoing
(Type of Government-issued p	hoto ID provided)
instrument.	
WITNESS my hand and official seal	
Signature:	Date:
(Notary)	Date.
My Commission Expires On:	

Rev: 04/24/2025