

## **2023-24 Identity and Statement of Educational Purpose**

## (FASEPO) Federal Student Aid Programs (NOTARY)

Toll Free: 1-800-226-2643 Phone: (870) 460-1050 Fax: (870) 460-1450 University of Arkansas at Monticello Financial Aid Office P.O. Box 3470 Monticello, AR 71656

If the student is unable to appear in person at the University of Arkansas at Monticello to verify his or her identity, the student must provide to the institution:

- 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 <u>original</u> 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.

St	atement of Educational Purpose	
(Print Student's Name)	, am the individual signing this Statement of Educat eive will only be used for educational purposes and to -2024.	
Student's Signature	 Date	
Student's UAM ID Number		
Notar	ry's Certificate of Acknowledgement	
State of	City/County of	
On, befo	ore me,(Notary's name)	, personally appeared,
(Printed name of signer)	and proved to me on basis of satisfactory evidence of	identification
(Type of unexpired government-issued phot	to be the above-named person who signed the forego to ID provided)	ing instrument.
WITNESS my hand and official seal (seal)	(Notary signature)	
	My commission expires on	(Date)