

2022-23 Identity and Statement of Educational Purpose

(FASEPO) Federal Student Aid Programs

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

This statement must be completed and signed in the presence of an authorized UAM Financial Aid Office representative. You must present an unexpired valid government issued photo identification. (UAM ID is not acceptable)

Do not complete the form in advance.

The student must appear in person at the University of Arkansas Monticello Financial Aid Office 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.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose			
(Print Student's Name) Purpose and that the Federal student fir	nancial assistance I	dividual signing this Statement of Educational I may receive will only be used for educational of Arkansas at Monticello for 2022-2023.	al
Student's Signature			_
Student's UAM ID Number		_	
For Office Use Only Document Reviewed: Driver's License State Issued ID Passport Other Document:			
FAO Representative Signature	 Date		