

## **2025-26 Identity and Statement of Educational Purpose**

(FASEPO) Federal Student Aid Programs (NOTARY)

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 **original** Statement of Educational Purpose provided below must be notarized.

## **Statement of Educational Purpose**

I certify that I	am the individual signing this Statement of Educational Purpose and that the		
(Print Student's	Name)		
Federal student financial assistance	e I may receive will only be us	ed for educational purpos	es and to pay the cost of attending the
University of Arkansas at Monticell	o for 2025-2026.		
 Student's Signature		Date	
Student's Signature		Date	
Student's UAM ID Number			
	Notary's Certificate	of Acknowledger	nent
			iiciit
State ofCity/County of			
On	, before me.		, personally appeared.
(Date)	, before me,, personally appeared,, (Notary's name)		
	, and proved to me c	on basis of satisfactory evi	dence of identification
(Printed name of signer)			
(Type of unexpired government-i	to be the above-na ssued photo ID provided)	med person who signed th	ne foregoing instrument.
WITNESS my hand and official se	al		
(seal)		(Notary signature)	
	1	My commission expires or	ı
			(Date)

The Financial Aid Office reserves the right to request additional documents if needed to confirm the data submitted on your FAFSA. PLEASE MAKE SURE THE STUDENT'S NAME AND UAM STUDENT ID NUMBER ARE ON ALL DOCUMENTS