

COLLEGE OF THE OUACHITAS

Financial Aid Office, One College Circle, Malvern, AR 72104
Phone (501) 337-5000 Fax (501)337-9382

2016-2017 Identity and Statement of Educational Purpose

**This statement must be completed and signed in the presence of
an authorized COTO Financial Aid Administrator.
DO NOT COMPLETE THE FORM IN ADVANCE.**

Student Name: _____ College ID/SSN: _____

The student must appear in person at **College of the Ouachitas** to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this

PRINT STUDENT'S NAME

Statement of Educational Purpose and that the federal student financial assistance I may receive will be used for educational purposes and to pay the cost of attending College of the Ouachitas for 2016-2017.

STUDENT'S SIGNATURE

DATE

STUDENT'S ID NUMBER

Student ID

TYPE

NUMBER

EXP. DATE

FA Administrator

PRINT NAME

SIGNATURE

DATE

ONLY complete form on reverse side if you are UNABLE to appear in person at the COTO Financial Aid Office.

FILL OUT THIS SIDE ONLY IF YOU ARE UNABLE TO APPEAR IN PERSON AT THE COTO FINANCIAL AID OFFICE.

2016-2017 Identity and Statement of Educational Purpose
(To be Signed With Notary)

Student Name: _____ College ID/SSN: _____

If the student is unable to appear in person at College of the Ouachitas
to verify his or her identity, the student must provide:

- (a) A **copy** of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The **original** notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(PRINT STUDENT'S NAME)

Statement of Educational Purpose and that the federal student financial assistance I may receive will be used for educational purposes and to pay the cost of attending College of the Ouachitas for 2016-2017.

(STUDENT'S SIGNATURE) (DATE)

(STUDENT'S ID NUMBER)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(DATE) (NOTARY'S NAME)

personally appeared, _____, and provided to me on basis
(PRINTED NAME OF SIGNER)

of satisfactory evidence of identification _____ to be the
(TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED)

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(SEAL)

(NOTARY SIGNATURE)

My commission expires on _____
(DATE)