



IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

FINANCIAL AID OFFICE

1537 University blvd.
Morrilton, AR 72110

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

www.uaccm.edu

To Be Signed at the Institution

The Student must appear in person at University of Arkansas Community College at Morrilton 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.

If the student is unable to appear in person, the student must contact the Financial Aid Office at 501-977-2055 to receive instructions about completing this information.

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

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the federal student financial 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 2024-2025 school year.

(Print Student's Name)

Student's ID No.: _____ Student's Social Security Number: _____

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Verifying Financial Aid Administrator)

Copy of photo ID below