## **South Arkansas Community College**

P.O. Box 7010 El Dorado AR 71731 1-800-955-2289

ESTABLISHED 1992

## Identity and Statement of Educational Purpo (To Be Signed in the presence of a Notary)

If the student is unable to appear in person at South Arkansas Community College to verify his or her identity, the student must provide to the institution:

- (a) 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
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page then the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

## **Statement of Educational Purpose**

I certify that I		am the individual signing this	
•	(Printed Student's Name)	•	
Statement of Educational Purposes a 2018.	ose and that the Federal student to pay the cost of attending S	inancial assistance I mouth Arkansas Commi	nay receive will only be unity College for 2017-
(Student's Signature)		(Date)	
(Student's ID Number)			
Nota	ary's Certificate of Acknow	wledgement	
	Notary's certification may vary by	•	
State of			
City/County of			
On	, before me,		
(Date)	,	(Notary's name)	
personally appeared,		, and provided to me on basis of satisfactory	
(Printe	ed name of signer)		
evidence of identification			to be the above-named
	Type of government-issued photo		
person who signed the foregoin	•	,	
WITNESS my hand and officia	al seal		
, , ,		(Notary signature)	
My commission expires on			
	(Date)		
311 South West Avenue	www.southark.edu		696 East Main Road
West Campus	🖪 fb.com/southark 💆 @South	ArkCC	East Campus