



2017-2018
Identity/Statement of Educational Purpose
Federal Student Aid Programs

Name: \_\_\_\_\_ CAC ID#: 880 - \_\_\_\_\_

This statement applies only to your attendance at Central Arizona College and is not transferable to another institution. Complete and return this form with all documentation to a CAC campus or center near you.

Anticipated Graduation Date: May 20 \_\_\_ \_\_\_ August 20 \_\_\_ \_\_\_ December 20 \_\_\_ \_\_\_

Associate of General Studies - Will you earn an AGEC with an AGS degree? If so, please check the proper AGEC type:
Arts Business Science

- Associate of Science (Liberal Studies) Associate of Arts (Liberal Studies)
Associate of Arts - Elementary Education Associate of Business (Liberal Studies)
Associate of Applied Science (Specify Major)

Certificate you are applying for: \_\_\_\_\_

The Student must appear in person at Central Arizona College 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.

\*If unable to appear in person a notary will be required (see below)

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

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose
(print student name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Central Arizona College for 2015-2016.

Student's Signature FAO Representative Signature Date

Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_, On \_\_\_\_\_ before me, \_\_\_\_\_
(Date) (Notary's name)

\_\_\_\_\_ personally appeared and provided me on the basis of satisfactory evidence of identification
(Printed Name of Signer)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal

Notary Signature \_\_\_\_\_

My commission expires on \_\_\_\_\_

Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

(seal)