2019-2020
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 site 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. 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.

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 2019-2020.

_____ _____ _____
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 iail. or both.

(seal)