2020-2021
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 2020-2021.

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)