FINANCIAL
AID OFFICE

1537 University blvd.
Morrilton, AR 72110

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

www.uaccm.edu

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

If unable to sign in the UACCM Financial Aid Office, the form is to be signed in the presence of a notary.

If the student is unable to appear in person at University of Arkansas Community College at Morrilton to verify his or her identity, the student must provide to the institution 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.

UACCM OFFICE ONLY

Signature: _____ **Date:** _____
(Student)

Student's ID No.: _____

Signature: _____ **Date:** _____
(UACCM Financial Aid Officer)

Title: _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT (OFFICE ONLY)

Please note that the Photo ID must also be notarized in order for this form to be accepted.

State: _____ **City/County:** _____

On _____ **, before me,** _____ **, personally**
(date) (name of notary)
appeared, _____ **, and proved to me on the basis of satisfactory**
(printed name of signer)
evidence of identification _____ **to be the above-named person who signed**
(type of unexpired, government-issued ID provided)
the foregoing instrument.

WITNESS MY HAND AND OFFICIAL SEAL
(seal)

Signature: _____
(notary)

Commission Expiration Date: _____