

This statement must be completed and signed in the presence of either an Authorized UA - PTC Student Financial Services Administrator or a Notary Public. Do <u>not</u> complete the form in advance.

The original form must be received by our office. We <u>CAN NOT</u> accept faxed copies of this form

Student Name: _____

UA-PTC Student ID: _____

The student must appear in person at the University of Arkansas - Pulaski Technical 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.

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

Statement of Educational Purpose

| I certify that I | am the individual signing this Statement of Educational | | |
|---|--|--|--|
| | (Print Student's Name) | | |
| and purpose and that the Federal student financial assistance I may receive will only be used for | | | |
| educational pu | rposes and to pay the cost of attending UAPulaski Technical College for 2025-2026. | | |

Print Legal Name

Student UA-PTC ID Number

Signature

Date

| IF SUBMITTING IN PERSON To be completed by UA - Pulaski Tech Authorized FA Administrator | | IF SUBMITTING BY MAIL Send this form with a photocopy of a valid government-issued photo ID. To be completed by Notary Public |
|---|-------|---|
| ID Type: | | State of: |
| ID Number: | Exp: | County of: |
| FFA Name: | | This instrument was acknowledged before me on: |
| FFA Title: | | By: |
| FFA Signature: | Date: | Signed: |
| | | (SEAL) |