

| Student Information | | |
|---------------------|-----------------|--|
| Name: | Student Number: | |
| Email: | Cell Phone: | |

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Southern Union State Community College to verify his or her identity, the student must provide to the institution:

- (a) 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; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized.

Statement of Educational Purpose

| I certify that I,(Print Student's N | , am the | , am the individual signing this | |
|---|---|---|--|
| Statement of Educational Purpose and the only be used for educational purposes a Community College for 2023-2024. | hat the Federal student financia | al assistance I may receive will | |
| Student's Signature | Date | Student's ID Number | |
| Notary's Certificate of Acknowledgen | nent | | |
| State of City/County of | | | |
| On, before me, | | , | |
| (Date) | (Notary's name) | | |
| (Date) personally appeared, | , and provide | ed to me because of | |
| (Printed name | 0 | | |
| satisfactory evidence of identification | | | |
| (Tyr to be the above-named person who sig | pe of unexpired government-issued pl ned the foregoing instrument. | noto ID provided) | |
| WITNESS my hand and official seal | | | |
| (seal) | (Notary signature) | | |
| My commission expires on | | | |
| (Date) | | | |
| Opelika Campus 301 Lake Condy Road Opelika, AL 36801 334-745-6437 | F | adley Campus P. O. Box 1000 adley, AL 36276 256-395-2211 | |



| Student Information | |
|---------------------|-----------------|
| Name: | Student Number: |
| Email: | Cell Phone: |

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Southern Union State Community College to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this (Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Southern Union State Community College for 2023-2024.

| Student's | Signature |
|-----------|-----------|
|-----------|-----------|

Date

Student's ID Number

| FAO use only | |
|----------------------|--|
| Reviewed by | |
| Copy of ID attached | |
| Originals Located at | |
| Campus | |

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