



# 2020-2021 Identity and Statement of Educational Purpose (To Be Signed With Notary)

**Arkansas Tech's Title IV School Code: 001089**

This form must be completed in blue or black ink and returned to the Arkansas Tech Financial Aid Office  
 • Brown Hall, Suite 206 • 105 West O Street • Russellville, AR 72801 • 479.968.0399 • 479.964.0857 (fax) • fa.help@atu.edu  
 Note: All notifications of missing information, awards, and general information from the Financial Aid Office will be e-mailed to your OneTech account.

Please print or type

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Mailing Address \_\_\_\_\_ Your Phone Number \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Note: You may change your address at onctech.atu.edu.

If you are unable to appear in person at Arkansas Tech University to verify your identity, you **must** provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, or other state-issued ID, or passport; and
- (b) The **original** notarized Statement of Educational Purpose provided below.

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement  
(Print Student's Name)

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 Arkansas Tech University for 2020-2021 school year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Notary's Certificate of Acknowledgment

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On, \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's Name)

personally appeared, \_\_\_\_\_, and provided to me on the basis of  
(Printed Name of Signer)

satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
 (seal) (Notary Public's Signature)

My commission expires on \_\_\_\_\_  
(Date)