

## **Identity and Statement of Educational Purpose**

East Central University Financial Aid Office 1100 E. 14 St. PMB A-8

Ada, OK 74820 Phone: 580-559-5243 Fax: 580-559-5638

Last Name	First Name	M.I.	SSN or ECU Student ID
Students who are	e unable to appear in person a	t East Central University	to verify their identity, must provide:
	e valid government-issued phomited to a driver's license, oth		hat is acknowledged in the notary statement belownssport; and
(b) The original n	otarized Statement of Educati	onal Purpose provided I	pelow.
	St	atement of Educationa	l Purpose
Purpose and that		assistance I may receive	e individual signing this Statement of Educational e will only be used for educational purposes and
	ure - Student's ID Number		Date
	Notar	y's Certificate of Ackno	wledgement
State of			
City/County of			
On	, before me,		
(Dat			's name)
		and proved to m	e on basis of satisfactory evidence of identification,
(P	rinted name of signer)		
		_, to be the above-name	d person who signed the foregoing instrument.
(Type of governm	nent-issued photo ID provided	)	
WITNESS my han	d and official seal		
		Seal	
My commission e	expires on		
	(Date)		(Notary signature)