

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
unexpired valid gostate-issued ID, on by the Institution	t appear in person at East of overnment-issued phot iden or passport. The Institution of with the date it was receively seive and review the student	ntification (ID), such as, will maintain a copy of ed and reviewed, and	but not limited to, a driven f the student's photo ID the	r's license, other nat is annotated
In addition, the s Purpose provided	student must sign, in the pr d below.	esence of the instituti	ion official, the Statemen	t of Educational
	s shown proof of identity Attach copy of photo ider	•	o identification such as:	a driver's license or
East Central Univer	rsity Financial Aid Office Representa	ntive Signature L	Date	
		Statement of Education	onal Purpose	
Purpose and that	the Federal student financi fattending East Central Univ	ial assistance I may rec		
Student's Signatu	ıre		Date	

1990, the Civil Rights Act of 1991, and other federal and state laws, does not discriminate on the basis of race, color, national origin, sex, age, religion,
disability, sexual orientation or status as a veteran in any of its policies, practices or procedures. This includes, but is not limited to, admissions, employment, financial aid, and education services.