

## **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 g state-issued ID, o by the Institution	overnment-issued phot ider or passport. The Institution	ntification (ID), such as, be will maintain a copy of red and reviewed, and t	erify his or her identity by presenting an but not limited to, a driver's license, other the student's photo ID that is annotated the name of the official at the Institution
In addition, the s Purpose provided		esence of the institution	on official, the Statement of Educational
	s shown proof of identity Attach copy of photo ide	•	o identification such as a driver's license or
East Central Unive	rsity Financial Aid Office Representa	ntive Signature D	pate
		Statement of Education	nal Purpose
I certify that I,		am <sup>_</sup>	the individual signing this Statement of Educational
Purpose and that	t the Federal student financi	ial assistance I may rece	eive will only be used for educational purposes and
to pay the cost o	f attending East Central Univ	ersity for 2024-2025.	
Student's Signati	ure	·	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.