



FINANCIAL AID OFFICE

2500 S. Main, Hope, AR 71802 | (870) 722-8264 | Fax: (870) 722-8145 | www.uaht.edu

Identity and Statement of Educational Purpose

*****If unable to sign in the UAHT Financial Aid Office, the form is to be signed in the presence of a Notary. *****

If the student is unable to appear in person at University of Arkansas Community College at Hope-Texarkana 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.

UAHT Office Only

(Student's Signature)

(Student's ID Number)

(Date)

(UAHT's Financial Aid Officer)

(Title)

(Date)

Notary's Certificate of Acknowledgement (Office Only)

Please note that the Photo ID must also be notarized in order for this form to be accepted.

State of _____

City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary's name)

_____, and proved to me on the basis of satisfactory evidence of
(Printed name of signer)

identification _____ to be the above-named person who signed
(Type of unexpired government-issued photo ID provided)

the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)