

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, c by the Institution	overnment-issued phot iden or passport. The Institution	ntification (ID), such as, but will maintain a copy of the red and reviewed, and the	y his or her identity by presenting an not limited to, a driver's license, other student's photo ID that is annotated name of the official at the Institution
In addition, the s Purpose provided	•	esence of the institution o	official, the Statement of Educational
	s shown proof of identity Attach copy of photo ider	•	lentification such as a driver's license or
East Central Univer	rsity Financial Aid Office Representa	ntive Signature Date	
		Statement of Educational	Purpose
I certify that I,		, am the	individual signing this Statement of Educational
•			will only be used for educational purposes and
-	f attending East Central Univ	•	
Student's Signature - Student's ID Number			Date