

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

ast Name	First Name	M.I.		SSN or ECU Student ID
unexpired valid g state-issued ID, c by the Institution	overnment-issued phot ider properties or passport. The Institution	ntification (ID), such a will maintain a copy yed and reviewed, an	as, but not limited of the student's	er identity by presenting an d to, a driver's license, other s photo ID that is annotated the official at the Institution
n addition, the sources	•	resence of the instit	ution official, th	e Statement of Educational
	s shown proof of identity Attach copy of photo ide	•	oto identificati	ion such as a driver's license or
East Central Univer	rsity Financial Aid Office Representa	ative Signature	Date	_
		Statement of Educa	tional Purpose	
		ial assistance I may ı	receive will only	I signing this Statement of Educational be used for educational purposes and
Student's Signature - Student's ID Number				Date