2015-2016 Identity and Statement
Of Educational Purpose
Abraham Baldwin Agricultural College
Office of Student Financial Services

________________________________________                     918-____________________
Student’s Name                                               Student’s ID Number

The student must appear in person at the Office of Student Financial Services in order to verify your identity and provide the following:

(a) A copy of your valid government-issued photo identification

Statement of Educational Purpose

I certify that I __________________________ am the individual signing this Statement of
(Print Student’s Name)
Educational Purpose and that the federal student financial assistance I may receive will only be used for
educational purposes and to pay the cost of attending ABAC for 2015-2016.

________________________________________                     _________________________
(Student’s Signature)                                        (Date)

________________________________________                     _________________________
(Witness: Official Staff Signature)                           (Date)

OR: If the student is unable to appear in person at Abraham Baldwin Agricultural College to verify his
or her identity, the student must provide:

(a) The original notarized Statement of Educational Purpose provided below and

(b) A copy of your valid government-issued photo identification (ID) that was presented as proof of
your identity to the Notary and acknowledged in the notary statement below, such as, but not limited
to, a driver’s license, other state-issued ID, or passport.

Notary’s Certificate of Acknowledgement

State of ______________________________________________________________________
City/County of ___________________________________________________________________
On____________________, before me, ________________________________________________,
(Date)                                                                   (Notary’s name)
personally appeared, ____________________________, and provided to me
(Printed name of signer)
on basis of satisfactory evidence of identification ____________________________
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal ________________________________ (seal)
(Notary signature)
My commission expires on _______________________
(Date)

(An original notarized document must be submitted, no faxes can be accepted)

Return To: Office of Student Financial Services
           ABAC 2, 2802 Moore Highway
           Tifton, GA 31793-2601