2014-2015 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 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 2014-2015.

______________________________                         __________________________
(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