

## Identity And Statement Of Educational Purpose Out of State/Area Student 2021-2022

## **Identity and Statement of Educational Purpose Student's Name (PRINT):**

| Name:  |   | Phone:  |                                |   |  |
|--|---|---|--------------------------------|---|--|
| Student ID:  | Date of Birth:  | /   | /                              | Email:  |  |
| receiving financial aid. The of Oral Roberts University person, it must be complete. | is form must be completed o<br>, if you are submitting this for | n-campu<br>orm in pe<br>e <mark>nce of</mark> a | s in the person. If you Notary | rour identity is required prior to resence of an approved representative you are not submitting this form in Public and the ORIGINAL form, as the Financial Aid Office. |  |
| If the student is unable to a must provide to the insti                              |   | berts Uni                                       | versity to                     | verify his or her identity, the student   |  |
| in the notary state  |   | sented t  |                                | ntification (ID) that is acknowledged<br>ry, such as, but not limited to, a   |  |
| statement appears  |   | e Statem  | ent of Ed                      | which must be notarized. If the notary lucational Purpose, there must be a he document notarized.   |  |
|  | Statement of Ed   | ucation   | al Purpos                      | se  |  |
| I certify that I(Print Student's Name)   |   |   | am the individual signing      |   |  |
|  | •   |   |                                | ent financial assistance<br>bay the cost of attending Oral Roberts  |  |
| (Student   | s's Handwritten Signature)                                      |   | (Date)                         | )   |  |
| (Student's ID Nur  | nber)   |   |                                |   |  |



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## **Notary's Certificate of Acknowledgement**

| State of                                       |  |
|--|--|
| City/County of                                 |  |
| On, before me,                                 |  |
| (Date)   | (Notary's name)                                    |
| personally appeared,                           | , and proved to me                                 |
| (Printed                                       | name of signer)                                    |
| on the basis of satisfactory evidence of ident | ification  |
|  | (Type of unexpired gov't-issued photo ID provided) |
| to be the above-named person who signed t      | he foregoing instrument.                           |
|  |  |
| WITNESS my hand and official seal              |  |
| (seal)   |  |
|  | (Notary signature)                                 |
| My commission expires on                       |  |
| (Date)   |  |

FOR FORMS COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC, MAIL ORIGINAL COMPLETED FORM ALONG WITH COPY OF A GOVERNMENT-ISSUED PHOTO ID TO:

ORAL ROBERTS UNIVERSITY ATTN: FINANCIAL AID OFFICE 7777 S LEWIS AVE TULSA, OK 74171