Your 2019 - 2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. We are required to verify your identity. You must also complete a Statement of Educational Purpose.

You are required to appear in person at Angelina College Financial Aid Office or AC’s Polk County Center to verify your identity. This can be done by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a valid driver’s license, other state-issued photo ID, or a passport. Angelina College Financial Aid Office will maintain a copy of the student's photo ID, along with a copy of this completed and certified form.

The Statement of Educational Purpose below must be signed in the presence of an institutional official.

Statement of Educational Purpose

I certify that I __________________________ am the individual signing this
(Print Student’s Name)
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 Angelina College for 2019 - 2020.

Declaración de Propósito Educativo

Certifico que yo, __________________________, soy el individuo que firma esta Declaración de
(Imprimir nombre del estudiante)
Propósito Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a Angelina College para 2018 - 2019.

Must be signed in the presence of an authorized representative of Angelina College

Student’s signature: __________________________ Date: ________________
Firma del Estudiante: __________________________ Fecha: ________________
Angelina College Student ID number: __________________________
Número de Identificación del Estudiante: __________________________

For Office Use Only:

Signature of Angelina College Official certifying this ID: __________________________

Type of ID presented: __________________________ (copy attached) Date Certified: ________________