

*****FORMS MUST BE COMPLETED IN BLACK INK ONLY*****

Student Information (please print):

_____ Student's Last Name	_____ Student's First Name	_____ Student's M.I.	_____ Student's Student Number
_____ Student's Street Address (include apt. no.)			_____ Student's date of Birth
_____ City	_____ State	_____ Zip Code	_____ Student's Email
_____ Student's Home Phone Number (include area code)			_____ Student Alternate or Cell Phone Number

**Identity and Statement of Education Purpose
(To Be Signed at the Institution)**

The student must appear in person at **Coastal Alabama Community College** to verify his/her identity by presenting a valid government-issued photo identification (ID), such as but not limited to a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institution official, the following:

Statement of Education 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 the educational purposes and to pay the cost of attending Coastal Alabama Community College for 2020-2021.

_____ Student Signature	_____ Student ID number	_____ Date
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<p align="center"><u>FINANCIAL AID OFFICE USE ONLY</u></p> <p>Date Received & Signed: _____</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p align="right"><input type="checkbox"/> Copy of ID attached</p>
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Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College
Financial Aid
1900 Highway 31 South
Bay Minette, AL 36507
FAX: 251-580-2182
EMAIL: financial_aid@coastalalabama.edu