



IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Student Information

Name _____ ID # _____

Directions

A. The student must appear in person at Lamar State College Port Arthur to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

B. If the student is unable to appear in person at Lamar State College Port Arthur to verify his or her identity, the student must provide to the institution:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below, which must be notarized.

Statement of Educational Purpose

I certify that I, _____, am the individual
(Printed Student’s Name)
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 Lamar State College Port Arthur for 2023-2024.

Student’s Signature Date Student’s ID Number

Completed by LSCPA Financial Aid Office (if student appears in person at Lamar State College Port Arthur)

ID TYPE ID Number EXP Date

Financial Aid Staff Financial Aid Staff Signature Date

Notary’s Certificate of Acknowledgement (If student is unable to appear in person at Lamar State College Port Arthur)

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary’s name)

_____, and proved to me on basis of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal)

(Notary signature)

My commission expires on _____

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu