

Office of Financial Aid Services

P.O. Box 174160 Email: finaid@montana.edu Bozeman, MT 59717-4160 Tel: (406) 994-2845 Location: 21 Montana Hall Fax: (406) 994-6962

Student Name:		MSU ID:	
---------------	--	---------	--

2023-24 Identity and Statement of Educational Purpose (To Be Signed at the Office of Financial Aid Services)

our/ ther and

identity by presenting as state-issued ID, or pass	appear in person at Montana State Uin unexpired valid government-issued perport. OFAS will maintain a copy of yoe of the official authorized to receive an	hoto identification (ID), such as, but r ur photo ID that is annotated by OFA	not limited to, a driver's license, other	
In addition, the student	must sign, in the presence of an OFAS	staff, the Statement of Education Pu	rpose provided below.	
	Statement of	of Educational Purpose		
I certify that I _	(Print Student's Name)	am the individual signing this Statement of		
Educational P	urpose and that the federal student rposes and to pay the cost of attending	financial assistance I may receive	will only be used for	
Student's Signature		Date		
☐Signed in front of:	☐Copy of ID annotated and revi	ewed by:		
Financial Aid Staff Print	ed Name:	Initials:	Date:	
1. The origin other state **This for	submit <u>all</u> of the following to the financi al notary statement below, where your e-issued ID, or passport. And acknow am and the copy of the ID must be mand the unexpired valid government-issued	ID is presented to a notary, such as eledges that you signed the "Statemental to our office address above."	ent of Educational Purpose" above. We cannot use electronic copies.	
		cate of Acknowledgement		
On	, before me,	(Notary's name)	,	
personally app	eared,(Printed nar		and provided to	
me on basis of	satisfactory evidence of Identification	ne of signer) (Type of government-issued photo ID provide	to be	
the above-nam	ned person who signed the foregoing in		a)	
WITNESS my	hand and official seal (seal)			
		(Notary signature) My commission expires on		

(Date)