

### **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: \_\_\_\_\_

## 2022-23 Identity and Statement of Educational Purpose (To Be Signed at the Office of Financial Aid Services)

You, the student, must appear in person at Montana State University-Bozeman Office of Financial Aid Services (OFAS) to verify your 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. OFAS will maintain a copy of your photo ID that is annotated by OFAS with the date it was received and reviewed, and the name of the official authorized to receive and review your ID.

In addition, the student must sign, in the presence of an OFAS staff, the Statement of Education Purpose provided below.

# **Statement of Educational Purpose**

	<sup>(Print Student's Name)</sup> rpose and that the federal student financial assi poses and to pay the cost of attending Montana Sta	•	only be used for	
Student's Signature		Date	Date	
☐Signed in front of:	□Copy of ID annotated and reviewed by:			
Financial Aid Staff Printe	d Name:	Initials:	Date:	

## 2022-23 Identity and Statement of Educational Purpose (To Be Signed With Notary)

If you, the student, are unable to appear in person at Montana State University-Bozeman Office of Financial Aid Services (OFAS) to verify your identity, you must submit **<u>both</u>** of the following:

- (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* notarized Statement of Educational Purpose provided above.

### Notary's Certificate of Acknowledgement

State of	_
City/County of	-
On, be	fore me,,,
(Date)	(Notary's name)
personally appeared,	, and provided to
	(Printed name of signer)
me on basis of satisfactory evidence of	Identification to be
the above-named person who signed th	
WITNESS my hand and official seal (seal)	
	(Notary signature)
	My commission expires on