

## 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 s license, other s received and

state-issue	d ID, or passpo	ort. OFAS will ma	intain a copy of		tion (ID), such as, but r at is annotated by OF <i>I</i> ID.					
In addition,	the student mi	ust sign, in the pro	esence of an OF	AS staff, the Stat	ement of Education Pu	rpose provided belo	w.			
			Statemer	nt of Educatio	nal Purpose					
Ιc	I certify that I am the individual signing this Statement of									
Ed	ducational Pur	pose and that th	e federal stude	nt financial assis	stance I may receive te University – Bozema	will only be used t				
Student's Signature				Date						
☐Signed	in front of:	☐Copy of ID a	nnotated and re	eviewed by:						
Financial A	id Staff Printed	Name:			Initials:	Date:				
1.	such as, but "Statement of	t not limited to a of Educational Pu	driver's license, rpose" above.	other state-issue	rsonally or mailed), when description or passport. And cation (ID) that you sho	d acknowledges tha				
۷.	7 copy or the	c unexpired valid		tificate of Ackno		wed to the notary.				
			<del></del>	inicate of Ackine	wicagement					
		Date)			(Notary's name)	,				
pe	ersonally appea	ared,	/Drintod	name of signer)	, ;	and provided to				
me	e on basis of s	atisfactory eviden		on	vernment-issued photo ID provide	to be				
the	e above-name	d person who sigr	ned the foregoing		veriment issued prioto ib provide	-,				
w	ITNESS my ha	and and official s	seal							
					(Notary signature)		_			
				Mv commission	, , ,					

(Date)