## **Financial Aid Office**



PO Box 7751 Havre, MT 59501 Tel: 406-265-3787 Fax: 406-265-3519

Email: finaid@msun.edu

Student Name:	Student ID (Last Four Only):
	tement of Educational Purpose ffice of Financial Aid Services)
presenting an unexpired valid government-issued photo identification	e University-Northern Financial Aid Office to verify your identity by ation (ID), such as, but not limited to, a driver's license, other state- issued hoto ID that is annotated by a Financial Aid Specialist with the date it zed to receive and review your ID.
In addition, the student must sign, in the presence of a Financial	Aid Specialist, the Statement of Education Purpose provided below.
Statement of	f Educational Purpose
I certify that I	am the individual signing this Statement of
(Print Student's Name) Educational Purpose and that the federal student fir for educational purposes and to pay the cost of attendi	nancial assistance I may receive will only be used
Student's Signature	Date
	and the
☐ Signed in front of: ☐ Copy of ID annotated and review	•
Financial Aid Specialist Signature:	Initials:Date:
If you, the student, are unable to appear in person at Montana Stamust submit <u>all</u> of the following to the financial aid office my main the original notary statement below, where your ID other state-issued ID, or passport. And acknowled **This form and the copy of the ID must be main to the cop	D is presented to a notary, such as, but not limited to a driver's license, dges that you signed the "Statement of Educational Purpose" above. We cannot use electronic copies. whoto identification (ID) that you showed to the notary. Mailed with this
State of	ate of Acknowledgement
City/County of	
On, before me,	(Notary's name)
personally appeared,	
me on basis of satisfactory evidence of Identification	of signer) to be
the above-named person who signed the foregoing instr	(Type of government-issued photo ID provided) 'ument.
WITNESS my hand and official seal (seal)	
- M	(Notary signature)

(Date)