

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):

2025-26 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-Northern Financial Aid Office 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. MSU-Northern will maintain a copy of your photo ID that is annotated by a Financial Aid Specialist 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 a Financial Aid Specialist, the Statement of Education Purpose provided below.

Statement of Educational Purpose

I certify that I		am the individual sig	ning this Statement of
	(Print Student's Name)		
	1	ent financial assistance I may receiv attending Montana State University – N	5
Student's Signat	ture	Date_	
☐Signed in front of:	☐ Copy of ID annotated and	reviewed by:	
Financial Aid Specialist Signature:		Initials:	Date:

2025-26 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-Northern Financial Aid Office to verify your identity, you must submit <u>all</u> of the following to the financial aid office my mail:

- 1. The original notary statement below, where your ID is presented to a notary, such as, but not limited to a driver's license, other state-issued ID, or passport. And acknowledges that you signed the "Statement of Educational Purpose" above. **This form and the copy of the ID must be mailed to our office address above. We cannot use electronic copies.
 - 2. A copy of the unexpired valid government-issued photo identification (ID) that you showed to the notary. Mailed with this form.

Notary's Certificate of Acknowledgement

State of	Ũ			
City/County of				
On, before me,	,, (Notary's name),			
personally appeared,	, and provided to			
(Printed name of signer) me on basis of satisfactory evidence of Identificationto be (Type of government-issued photo ID provided)				
the above-named person who signed the foregoin				
WITNESS my hand and official seal (seal)				
	(Notary signature)			
	My commission expires on			