

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: MSL	
-------------------	--

2024-25 Identity and Statement of Educational Purpose (To Be Signed at the Office of Financial Aid Services)

our her and

identity by presenting an state-issued ID, or pass	appear in person at Montana State Univ unexpired valid government-issued pho port. OFAS will maintain a copy of your of the official authorized to receive and i	oto identification (ID), such as, but rephoto ID that is annotated by OFA	not limited to, a driver's license, other
In addition, the student r	nust sign, in the presence of an OFAS st	taff, the Statement of Education Pu	rpose provided below.
	Statement of	Educational Purpose	
I certify that I		am the individual signing this Statement of	
Educational Pu	urpose and that the federal student fin purposes and to pay the cost of attending	nancial assistance I may receive	will only be used
Student's Signa	ature	Date	
☐Signed in front of:	☐Copy of ID annotated and review	ved by:	
Financial Aid Staff Printe	ed Name:	Initials:	Date:
other state ** This for	al notary statement below, where your IE -issued ID, or passport. And acknowled on and the copy of the ID must be mail he unexpired valid government-issued pl	dges that you signed the "Stateme led to our office address above.	ent of Educational Purpose" above. We cannot use electronic copies.
State of	Notary's Certifica	te of Acknowledgement	
On	, before me,	(Notary's name)	,
personally appe	eared,(Printed name of		and provided to
me on basis of	satisfactory evidence of Identification	or signer) (Type of government-issued photo ID provide	to be
the above-nam	ed person who signed the foregoing inst		. ,
	hand and official seal seal)		
		(Notary signature) V commission expires on	

(Date)