

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: _____

2025-26 Identity and Statement of Educational Purpose (To Be Signed at the Office of Financial Aid Services)

identity by presenting an state-issued ID, or pass	unexpired valid government-issue	d photo identification (ID), such as, bu your photo ID that is annotated by O	cial Aid Services (OFAS) to verify your it not limited to, a driver's license, other FAS with the date it was received and
In addition, the student n	nust sign, in the presence of an OF	AS staff, the Statement of Education I	Purpose provided below.
	Statemer	nt of Educational Purpose	
I certify that I		am the individual signing this Statement of	
Educational Pu	rpose and that the federal stude	ent financial assistance I may receiv tending Montana State University – Bo	ve will only be used
Student's Signature		Date	
☐Signed in front of:	☐Copy of ID annotated and re	eviewed by:	
Financial Aid Staff Printe	d Name:	Initials:	Date:
1. The origina other state **This form	issued ID, or passport. And ackn in and the copy of the ID must be	our ID is presented to a notary, such owledges that you signed the "State mailed to our office address above	as, but not limited to a driver's license, ment of Educational Purpose" above. b. We cannot use electronic copies. thowed to the notary. Mailed with this
		tificate of Acknowledgement	
On	Date), before me,	(Notary's name)	,
personally appeared,		name of signer)	, and provided to
me on basis of	satisfactory evidence of Identification		to be
the above-name	ed person who signed the foregoing		ideal
	nand and official seal		
		(Notary signature)	
		My commission expires on	

Page 1 of 1

(Date)