



**/ IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**

Name: \_\_\_\_\_ Southeast ID #: \_\_\_\_\_ Award Year: \_\_\_\_\_

**This form must be signed by the student in the Student Financial Services Office in front of a witness. A valid Driver's License, Military ID or passport must be presented at time of signing. A student ID is not valid.**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational  
*(Printed Name of Student)*

Purpose and that the federal student financial assistance I may receive will only be used for educational purposes, and to pay the cost of attending **Southeast Missouri State University, Cape Girardeau, Missouri.**

\_\_\_\_\_  
*(Student's Signature)* \_\_\_\_\_  
*(Date)*

**IF THE STUDENT IS UNABLE TO APPEAR IN PERSON AT SOUTHEAST MISSOURI STATE UNIVERSITY, CAPE GIRARDEAU, MISSOURI TO VERIFY HIS OR HER IDENTITY, THEY MUST PROVIDE:**

- a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport
- b) The original notarized Statement of Educational Purpose

You **CANNOT** fax or email this document. The original **must** be mailed or delivered to the address listed above.

Notary's Certificate of Acknowledgement	
STATE OF _____	COUNTY OF _____
On the ____ day of _____, 20____, before me _____, <i>(Printed Name of Notary)</i>	
personally appeared, _____ and proved to me on the basis of satisfactory evidence <i>(Printed Name of Student)</i>	
of identification _____ to be the above-named person who signed the foregoing <i>(Type of unexpired government-issued photo ID provided)</i>	
instrument. Witnessed by my hand and official seal _____. <i>(Signature of Notary)</i>	
My commission expires on _____, 20____.	



Did you attach a copy of your unexpired government-issued photo ID?

FOR SFS OFFICE USE:		
I certify that I have verified the identity of this student and attached a copy of a valid photo ID to this document.		
Staff Signature: _____	Date: _____	Aid Year: _____