

2024-2025 Identity and Statement of Educational Purpose (IN OFFICE FORM)				
		M		
Student's Last Name	Student's First Name	BearPass #	<del></del>	
	are required to affirm that you i	ducation for verification of identit ntend to use all Federal student ai	• • •	
Financial Aid to complete	this form. You must also verify yo	in person at Missouri State Unive our identity by presenting a valid, license or U.S. passport). The insti	unexpired, signed	
	r in person, please do not submi d Statement form (page 2).	t this form. Instead, you will need	to complete and submit the	
Statement of Education	al Purpose			
	following statement in the prese financial aid office to be accept	ence of a Missouri State University sed and processed.	<i>ı</i> Financial Aid rep. <mark>This page</mark>	
·	rint Student's Name)	e individual signing this Statement		
cost of attending Missou	uri State University for 2024-2029	5.		
Student's Physical Signature		(Date)		
School Official Witness Signat	ure	(Date)	-	
Type of original identific	ation attached:			

If completing this page, do not complete the Notary form located on the reverse.



2024-2025 Identity and Statement of Educational Purpose (NOTARY FORM)			
Student's Last Name	Student's First Name	MBearPass #	
•	you (the student) are unable to ap crify your identity. If using this form	pear in person at Missouri State University's Office of a you must provide:	
<ol> <li>The original notari</li> </ol>	zed Statement of Educational Purp	ose provided below; AND	
	unexpired, signed government-issue cknowledged in the notary stateme	ed photo identification (such as a driver's license or U.S. ent below.	
Statement of Education	al Purpose		
I certify that I(Prin	am the indition and the indition at the indition and the indition at the individual at the indiv	ividual signing this Statement of Educational Purpose	
	ent financial assistance I may receiv State University for 2024-2025.	e will only be used for educational purposes and to pay the	
Student's Physical Signature		(Date)	
Notary's Certificate of A	cknowledgement		
State of	, City/County of		
(Date)		(Notary's name)	
personally appeared,	(Printed name o		
because of satisfactory evi		unexpired government-issued photo ID provided)	
to be the above-named pe	erson who signed the foregoing inst	rument.	
WITNESS MY HAND AND (seal)	OFFICIAL SEAL		
, ,		(Notary signature)	
	My commiss	ion expires on	

This notarized page and notarized copy of unexpired government-issued photo identification must be mailed to the Office of Student Financial Aid. Electronic/digital copies are not accepted.