



/IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE 2024-2025

Name: _____ Southeast ID #: _____

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 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, for 2024-2025.

(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, for 2024-2025.

(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 _____ (Printed Name of Notary)

personally appeared, _____ and proved to me on the basis of satisfactory evidence (Printed Name of Student)

of identification _____ to be the above-named person who signed the foregoing (Type of unexpired government-issued photo ID provided)

instrument. Witnessed by my hand and official seal _____ (Signature of Notary)

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: _____