

2025-2026 Identity and Statement of Educational Purpose Form

*Use this side of the form if you <u>CAN</u> appear in person at the Minot State Financial Aid Office to complete the form.

A. Student Information

Last Name	First Name	MI	Phone Number	Student ID#

To ensure timely processing of your aid, we suggest that you come in person to Minot State University <u>WITHIN 2 WEEKS</u> of this notice. Your financial aid will be on hold until the Verification process is complete. Be sure to check your To Do List on Campus Connection for any other documents that are needed to complete Verification.

If the student is unable to appear in person at the Minot State University Financial Aid Office to sign this form in front of a Financial Aid employee, please use the other side of this form.

B. To Be Signed at the Institution

The student must appear in person at the Minot State Financial Aid Office to verify identity by **presenting an unexpired valid governmentissued photo identification (ID)**, such as, but not limited to, a driver's license, other state-issued ID, or U.S. passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. A military I.D. is unacceptable for this purpose.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose					
I certify that I	(Print student's name)	am the individual signing ame)			
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 Minot State University for 2025-2026.					
I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my financial aid eligibility/award.					
Student Signature		Date			
Note: This form must be signed at the Minot State University Financial Aid Office in the presence of the institutional official with a physical signature. Typed names or electronic signatures are not acceptable.					

FINANCIAL AID OFFICE: The student must sign this form in the presence of the institutional official.

I witnessed the signature and collected a copy of the student's valid government issued ID.

FA Employ	ee Printed	Name
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FA Employee Signature



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A. Student Infe	ormation			
Last Name	First Name	MI	Phone Number	Student ID#
	e on hold until the Verification process is c ded to complete Verification.	omplete. Be sure to	o check your To Do List on	Campus Connection for any other
B. To Be Signe	d with Notary			
If the student is unable institution:	to appear in person at the Minot State Un	iversity Financial A	id Office to verify identity,	the student MUST provide to the
	the unexpired valid government-issued p ted to a notary, such as, but not limited to			•
	tatement of Educational Purpose provided an the statement of Educational Purpose, nt notarized.	·		, ,,
	Statement	of Educationa	l Purpose	
I certify that I		am the individual signing this		
	(Print studen	,		
	cational Purpose and that the Federal stud bay the cost of attending Minot State Univ			y be used for educational
Student Signature			Date	
-	and a copy of the government issued ph Aid Office or mailed to: Minot State Univ			-
C. Notary's Ce	rtificate of Acknowledgem	ent		
State of		City/County	of	
On	, before me,	, pers	onally appeared,	
(Date)	(Notary's name)			(Printed name of signer)
and proved to me becau	use of satisfactory evidence of identification	on		
to be the above-named	person who signed the foregoing instrum	ent.		ired government-issued photo ID provided, ilitary I.D. is unacceptable for this purpose.

WITNESS my hand and official seal (seal below)

(Notary signature)

My commission expires on ____

(Date)