

Name: _____

Office of Financial Aid

3950 E. Newman Road, Joplin MO 64801 109 Hearnes Hall (417) 625-9325

Fax: (417) 659-4474 finaid@mssu.edu

Identity and Statement of Educational Purpose V4

Student ID #: _____

Identity and Statement of Educational Purpose (To Be Signed at the Institution)	
The student must appear in person at <u>Missouri Southern State University</u> to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or 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.	
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 an	n the individual signing this Statement of
(Print Student's Name)	
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 Missouri Southern State University for 2026–2027.	
Student's Signature:	Date :
The below Financial Aid Representative certifies the photo identification and the person above are indeed the student signing the form.	
FA Representative Name:	
FA Representative Signature:	Date: