



Student Financial Aid

University of Missouri

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MizzouSFA

Student Name (Last, First)	myZou Student ID Number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										

2016-2017 Identity Verification & Statement of Educational Purpose

The information requested on this form is needed to process your application for financial aid for the 2016-2017 academic year.

You must appear in person at the University of Missouri Office of Student Financial Aid to verify your identity by presenting a valid, un-expired, government-issued photo identification (ID) such as a driver's license, other state-issued ID, or passport. The University of Missouri will maintain an annotated copy of the photo ID along with this document to verify your identity and statement of educational purpose.

If you are unable to appear in person at the University of Missouri Office of Student Financial Aid, you must go to a notary public and sign the statement of educational purpose. Then you must submit the original copy of the notarized statement and a copy of the same ID used for notarization.

STATEMENT OF EDUCATIONAL PURPOSE

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 the University of Missouri for 2016-2017. **Original ID presented and copy attached**

STUDENT'S SIGNATURE

DATE

MU FINANCIAL AID OFFICER SIGNATURE

NOTE: Students who appear in person to the financial aid office may verify his/her identity by presenting a valid, un-expired, government-issued photo ID; otherwise, student must have form notarized.

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT (original form must be submitted [i.e. photocopy, fax, scan, etc. is not acceptable] with copy of ID attached)

State of _____ and City/County of _____ . On _____

STATE

CITY/COUNTY

DATE

,before me, _____, personally appeared, _____

NOTARY'S NAME

PRINTED NAME OF SIGNER

and proved to me on basis of satisfactory evidence of identification **COPY ATTACHED**

TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED & COPY ATTACHED

to be the above-named person who signed the foregoing statement.

WITNESS MY HAND AND OFFICIAL SEAL

NOTARY SIGNATURE

DATE

My commission expires on: _____

DATE

STOP: Did you fully complete this form and include attachments? We will return any incomplete/unsigned forms for correction.