Student Name	:
Student ID #:	
-	(8 digits)



2024-2025 Identity Verification & Statement of Educational Purpose

The information requested on this form is needed to process your application for financial aid for the 2024-2025 academic year.

Student must present a U.S. passport or an original valid government-issued photo ID along with this form in person. If unable to appear in person, student must use a notary public, and submit the original copy of this form, along with copies of the documents presented at the time of notary.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I	am the individ	al signing this Statemen	nt of Educational Purpose and	that the
STU	DENT'S NAME			
federal student financial assist	ance I may receive will only be used for	educational purposes ar	nd to pay the cost of attending	the
University of Missouri for 2024	-2025.	Original ID presented and copy attached		
STUDENT'S SIGNATU	RE DATE	MU	FINANCIAL AID OFFICER SIGNATUR	RE
NOTE: Students who ap	opear in person to the financial aid office n government-issued photo ID; otherwise,			,
	NOTARY CERTIFICATE OF		Т	
(original form m	NOTARY CERTIFICATE OF A ust be submitted [i.e. photocopy, fax, sca			
(original form m				
, ,	ust be submitted [i.e. photocopy, fax, sca	n, etc. is not acceptable] v	with copy of ID attached)	
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State of	ust be submitted [i.e. photocopy, fax, sca and City/County of , personally TARY'S NAME	n, etc. is not acceptable] v city/county appeared,	. On DATE	
State of	ust be submitted [i.e. photocopy, fax, sca and City/County of , personally TARY'S NAME	n, etc. is not acceptable] v CITY/COUNTY appeared,	with copy of ID attached) On DATE PRINTED NAME OF SIGNER COPY AT SUED PHOTO ID PROVIDED & COPY AT	
State of	ust be submitted [i.e. photocopy, fax, sca and City/County of , personally TARY'S NAME satisfactory evidence of identification	n, etc. is not acceptable] v CITY/COUNTY appeared,	with copy of ID attached) On DATE PRINTED NAME OF SIGNERCOPY AT	
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State of	and City/County of, personally , personally TARY'S NAME satisfactory evidence of identification n who signed the foregoing statement.	n, etc. is not acceptable] v CITY/COUNTY appeared,	with copy of ID attached) On DATE PRINTED NAME OF SIGNER COPY AT SUED PHOTO ID PROVIDED & COPY AT	

Electronic signatures will not be accepted, and forms will be returned.