



2017-2018 STATEMENT OF EDUCATIONAL PURPOSE

The Department of Education uses a process called "verification" to flag students for specific items for which the Financial Aid Office must collect the appropriate documentation. Your FAFSA indicated that you are required to sign the following "Statement of Educational Purpose" and **provide a government issued photo ID *in person***. If you are unable to provide the following **in person**, please contact our office immediately. You must provide the **original form** with **original signatures**. This form cannot be faxed or emailed.

STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
____/____/____	(____) _____	_____	_____
Date-of-Birth	Phone Number	Student ID Number	

STATEMENT OF EDUCATIONAL PURPOSE

The student must appear in person at Missouri Valley College to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following English or Spanish Statement:

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 _____ for 2017-2018.

(Print Student's Name)

(Name of Postsecondary Educational Institution)

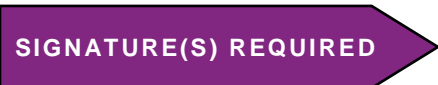
DECLARACIÓN DE PROPÓSITO EDUCATIVO

Certifico que yo _____ soy el individuo que firma esta Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a _____ para 2017-2018.

Imprimir Nombre del Estudiante

(Imprimir Nombre de Institución Educativa Postsecundaria)

SIGNATURE - REQUIRED



_____	_____
Student Signature	Date
_____	_____
Institutionally Authorized Official Signature	Date

WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.