

500 East College Street Marshall, MO 65340 (660) 831-4049 | Fax: (660) 831-4003 financialaid@moval.edu

2018-2019 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** <u>in person</u>. 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 Nu | mber | Student ID Number | | | |

STATEMENT OF EDUCATIONAL PURPOSE

The student must appear in person at <u>Missouri Valley College</u> 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 | | | |
|---|---|--|--|--|
| (Print Student's Name) | | | | |
| 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. | | | |
| | | | | |

(Name of Postsecondary Educational Institution)

DECLARACIÓN DE PROPÓSITO EDUCATIVO

| Certifico que yo | soy el individuo que firma esta Declar | ación de Finalidad |
|--------------------|--|--------------------------|
| Educativa y que la | Imprimir Nombre del Estudiante a ayuda financiera federal estudiantil que yo pueda recibir, sólo se | erá utilizada para fines |
| educativos y para | pagar el costo de asistir a | para 2017-2018. |

([Imprimir Nombre de Institución Educativa Postsecundaria])

SIGNATURE - REQUIRED

SIGNATURE(S) REQUIRED

Student Signature

Date

Institutionally Authorized Official Signature

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

Date