SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Student Financial Aid

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618) 650-3885 Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2024-2025 **Identity & Statement of Educational Purpose**

SEP

Student Name	Univ.	. ID #

Identity and Statement of Educational Purpose (To Be Signed With Notary or SIUE Student Financial Aid Staff Member)

If you are unable to appear in person at the Office of Student Financial Aid (OSFA) at Southern Illinois University Edwardsville to verify your identity, you must have this form signed by a Notary. Then you must hand deliver or Mail using the U.S. Postal Service or courier service (e.g., FedEx, UPS, etc.). Additionally, you must provide:

as but not limited	government issued photo identification that is acknowledged in the notary statement below, such to, a valid driver's license, state issued ID, or passport; <u>and</u>	
2) The original (not f	axed nor emailed) notarized State of Educational Purpose, provided below.	
	Statement of Educational Purpose	
I certify that I (<i>print student name</i>) am the individual signing this Statement Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending Southern Illinois University Edwardsville for 2023-2024.		
I certify that ALL	the information on this form is true and complete. A copy of my photo ID is attached.	
Student Signature	Date	
	Notaries or SIUE Student Financial Aid Staff Member's Certificate of Acknowledgement	
State of	City/County of	
On this date	, before me (Notary's or SIUE OSFA staff member's name; please print legibly)	
	, personally appeared (student name),	
and provid	ed to me on basis evidence of identification (list type of government issued ID)	
	to be the person who signed the foregoing instrument.	
WITNESS my hand a	nd official seal (Notary or SIUE OSFA Staff Signature)	
	My commission expires on (date).	
	(Notary Only)	

****This ORIGINAL document must be mailed or hand delivered to the Office of Student Financial Aid at the address above. ****

****Please note, if you email or fax this document, it will be marked as Incomplete, and there will be a delay in your Financial Aid. ****

Verification Forms24-25/SEP2425