

## Identity and Statement of Educational Purpose 2020-2021

<b>Name:</b> _____	
<b>Date of Birth:</b> _____	<b>MSU Denver ID #:</b> _____
<b>E-mail:</b> _____	<b>Phone Number:</b> _____
I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.	
<b>Signature:</b> _____	<b>Date:</b> _____

**You MUST submit this form in person. It CANNOT be faxed, emailed or placed in our document drop box. It is required that you sit with a counselor to complete this process.**

You must appear in person at Metropolitan State University of Denver's Office of Financial Aid and Scholarships to verify your identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, you must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

### **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 **Metropolitan State University of Denver** for **2020-2021**.

### **Certification and Signature**

Each person signing below certifies that all of the Information reported is **complete and correct**.

\_\_\_\_\_  
**Print Student's Name**

\_\_\_\_\_  
**Student's Signature**

Copy of student's valid government-issued photo ID obtained by full-time staff.

\_\_\_\_\_  
**Signature Full-Time Staff** (*witnessing the signature*)

\_\_\_\_\_  
**Signature Date**