

Office of Financial Aid and Scholarships Student Success Building | Counter #6 Campus Box 2, PO Box 173362 Denver, CO 80217

Phone Number: 303-556-8593 www.msudenver.edu/financialaid | finaid@msudenver.edu

Identity and Statement of Educational Purpose 2024-2025

Name:	
Date of Birth:	Student ID:
E-mail:	Phone Number:
You MUST submit this form in person box. It is required that you sit with an a	It CANNOT be faxed, emailed or placed in our document drop advisor to complete this process.
Scholarships to verify your identity by pre (ID), such as, but not limited to, a driver's The institution will maintain a copy of the	an State University of Denver's Office of Financial Aid and senting an unexpired valid government-issued photo identification license, other state-issued ID, or passport. student's photo ID that is annotated by the institution with the date it e of the official at the institution authorized to receive and review the
In addition, you must sign, in the present provided below.	e of the institutional official, the Statement of Educational Purpose
State	ment of Educational Purpose
I certify that I,	, am the individual signing this Statement
-	refederal student financial assistance I may receive will only be pay the cost of attending Metropolitan State University of
Certification and Signature Each person signing below certifies the	nat all of the Information reported is complete and correct .
Student Signature	Student ID Number
Date	
☐ Copy of student's valid governmen	nt-issued photo ID obtained by full-time staff.
Signature Full-Time Staff (witnessin	g the signature) Signature Date

4/16/24 SEDPUR