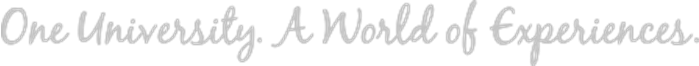


**Office of Financial Aid**

**2024-2025**

**Identity and Statement of Educational Purpose**



* **The student must appear in person at Frostburg State University**, Office of Student Financial Aid to verify his or her identity by presenting a valid government-issued Photo identification (ID). Examples of accepted forms of ID are listed in section B below. The institution will mark the type of ID presented and maintain a copy of the student’s photo ID that is marked 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 statement in section C.
* **If the student cannot appear in person**, the student must send us a readable photocopy of the acceptable Photo ID presented/witnessed by the listed notary and the student must sign section C in the presence of that notary. The original “wet” documents must be received in the FSU Financial Aid Office to meet federal verification requirements.

1. **Student Information** (Please Print)

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Verification of Government Issued ID** (to be marked by Frostburg State employee or Notary and a copy attached)

\_\_\_\_ Driver’s License \_\_\_\_ Non-Driving State ID \_\_\_\_Passport

1. **Statement of Educational Purpose and Student Signature**

*Complete this section* ***only in the presence*** *of a Frostburg State University, Office of Financial Aid Employee OR a Notary Public.*

OFFICE USE ONLY

Authorized School Official

*I certify that I* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *am the individual signing*

(Print Student’s Name)

*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* ***Frostburg***

***State University*** *for 2024–2025.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Student Signature) (Date) (FSU ID)*

**OVER**

**Notary’s Certificate of Acknowledgement**

**(if applicable)**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*On\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared,*

(Date) (Notary’s name)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and provided to me based on satisfactory evidence of identification.*

(Printed name of signer/student)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *to be the above-named person who signed the*

(Type of government-issued photo ID provided)

*foregoing instrument.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_

(Notary signature) (Date)

**WITNESS my hand and official seal**

(seal)

**Office of Student Financial Aid**

**101 Braddock Road, Frostburg, MD 21532**

**Phone: 301-687-4301 · Fax: 301-687-7074 · Email: fsufinaid@frostburg.edu www.frostburg.edu/ungrad/faid/**