



NMSU DACC
 MSC 3DA
 P.O. Box 30001
 2800 N. Sonoma Ranch Blvd, DASR 109
 Las Cruces, NM 88011
 Phone: 575-528-7001 Fax: 575-528-7474

2021-22 Identity and Statement of Educational Purpose (To Be Signed with Notary)

Student: _____ Phone: _____ Aggie ID: _____

The federal government has requested our office to witness in person, you, the student to sign the below 'Statement of Educational Purpose'. This form is to be used since you are unable to sign the form in our office. **Important note: This form must be mailed to our office - we are not able to accept this form scanned or faxed.**

If the student is unable to appear in person at _____ to verify his or her identity, the student must provide to the institution: _____
 (Name of Postsecondary Educational Institution)

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledge in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the
Print Student Name
 federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending New Mexico State University for 2021-2022.

By signing, I confirm that all information reported is complete and correct.

 (Student's Signature)

 (Date)

Notary's Certificate of Acknowledgment

State of _____ City/County of _____

On _____, before me, _____
(Date) (Notary's name)

personally appeared, _____ and proved to me on the basis
(Printed name of student)

of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(Seal)

(Notary signature)

My commission expires on _____
(Date)

Please return this form to the Financial Aid Office at your primary campus.