

☐ Mailed into Office

## This form must be mailed or delivered in person. Do not upload this form.

**Mail to:** Pittsburg State University -Student Financial Assistance 1701 S. Broadway Pittsburg, Ks. 66762 SEP
Identity & Statement of
Educational Purpose
Form

24-25

Pittsburg, Ks. 66762 **Deliver in person:** 103 Horace Mann

Student's Name (First, Last, MI)	PSU ID

As a part of the verification process, the Office of Student Financial Assistance (OSFA) must verify your identity and collect your Statement of Educational Purpose.

**You must appear in** person at the Pittsburg State University Student Financial Assistance Office and present both of the following:

- (a) a valid unexpired government-issued photo identification (ID), such as a drivers' license, other state-issued ID, or passport; a
- (b) a signed Statement of Educational Purpose. Kansas State University will maintain a copy of the photo ID annotated with the date it was received and the name of the authorized official who collected your ID.

**If you are unable to appear in person**, you must provide the following:

□Delivered in Person

- (a) a copy of the valid unexpired government-issued photo identification (ID) referenced in the Notary's Certificate of Acknowledgement below; and
- (b) the original notarized State of Educational Purpose below signed by you.

Note: To complete this requirement, you must mail the original document with your "wet" signature. An electronic uploaded copy of this form cannot be accepted.

uploaded copy of this form cannot be accepted.	
Statement of Ed	lucational Purpose
I certify that Iam  (Print Student's First and Last Name)  and that the federal student financial assistance I may receive will attending Pittsburg State University for 2024-2025.	
(Student's Signature)  Notary's Certificate	(Date) e of Acknowledgement
State ofCity/County o	
On, before me,	otary's Name)
(Printed name of signer)	, and provided to me on basis 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 (Official Seal)	(Notary signature)
	My commission expires on(Date)
Office	e Use Only
(Financial Assistance Employee Signature) (D.	 vate)

□Copy of Photo ID

☐ FA Staff Signature