

V4V5

## 2025-2026 Identity and Statement of Educational Purpose (To Be Signed with Notary)

|   |  |            | <u> </u>   |
|---|--|------------|--|
| Student Name  |  |            | ID#  |
| Please complete form in blue or black ink. Ir   | ncomplete forms will not be a                        | accepte    | d.   |
| If you, the student, are unable to appear in ρ<br>provide:  | oerson at Lake Superior Stat                         | e Unive    | ersity to verify your identity, you must   |
| (a) A copy of the valid government-issued p<br>below or that is presented to a notary, s<br>passport; and |  |            |  |
| (b) The original Statement of Educational P<br><b>State</b>   | Purpose, which is provided be ment of Educational Pu |            | ust be notarized.  |
| I certify that I  | al student financial assista                         | nce Í r    |  |
| Student's Signature & ID #  |  | Date       |  |
| Cer   | tifications and Signatu                              | ıres       |  |
| Each person signing below certifies that to LSSU is complete and correct.                                 | t all of the information repo                        | orted      | WARNING: If you purposely give false o misleading information you may be fine be sentenced to jail, or both.                       |
| Print Student's Name  |  |            |  |
| Student's Signature ( <i>Required</i> )   | Date   |            |  |
| Notary's  | Certificate of Acknowle                              | dgeme      | ent  |
| State of, City/Co   | unty of  |            | on ,   |
| before me,(Notary's name)   | . personally app                                     | eared.     | (Date)   |
| (Notary's name) and proved to me satisfactory evidence of ic  | dentification  | , <u>-</u> | (Printed name of signer)   |
| to be the above-named person who signed t   | (Type of governi                                     | ment-issue | ed photo ID provided)  |
| WITNESS my hand and official seal   | and to ogo mg mot amont.                             |            | (seal)   |
| (Notary signature) My commission expires on   |  | Oriç       | ginal Required   |
| ernal Use Only viewed:  |  | Li<br>6    | ETURN FORM TO:<br>ake Superior State University Financial Aid Office<br>50 West Easterday Avenue<br>ault Ste. Marie, MI 49783-1699 |