



2025-2026 STATEMENT OF EDUCATIONAL PURPOSE
and VERIFICATION OF IDENTITY FORM

MCNEESE ID # _____ STUDENT'S NAME _____

This statement must be completed and signed in the presence of either Authorized Personnel of McNeese OR a Notary Public. Please copy or attach a valid photo ID. Do not complete the form in advance.

Identity and Statement of Educational Purpose
(To Be Signed at McNeese)

The student must appear in person at McNeese State University to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport.

Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary, only if unable to appear in person at McNeese)

If the student is unable to appear in person at McNeese State University to verify his or her identity, the student must provide to the institution: (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged 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.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending McNeese State University for 2023-2024.

Student's Signature _____ Date _____

Notary's Certificate of Acknowledgement

State of _____ Parish of _____ On (Date:) _____, before me (Notary Name:),
_____, personally appeared, _____,
and proved to me because of satisfactory evidence of identification _____ (Type of unexpired
government-issued photo ID provided:) to be the above-named person who signed the foregoing instrument. WITNESS my hand and
official seal _____ (Notary signature) My commission expires on _____.

Copy ID Here:

Table with 5 rows: IF SUBMITTING IN PERSON: To be completed by MSU Authorized Personnel; ID Type; ID Number; MSU Staff Name; MSU Staff Signature; Date.

VIDST6

Return completed form to: Student Central, Box 93260, Lake Charles, LA 70609