

Financial Aid
May Hall, Room 111
Dickinson State University
291 Campus Drive
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2 or 701-502-4407
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

2025-2026 Educational Purpose Form

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

If the student is unable to appear in person at Dickinson State University to sign this form in front of a Financial Aid employee, please use the other form to be signed with Notary.

The student must appear in person at Dickinson State University Office of Financial Aid 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. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

Statement of Educational Purpose

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

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 Dickinson State University for 2025-2026.

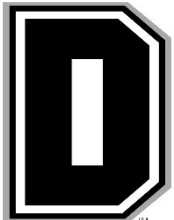
Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____ Date ____/____/____

Student's ID _____

FA Employee's Signature _____ Date ____/____/____



DICKINSON
STATE UNIVERSITY

Financial Aid
May Hall, Room 111
Dickinson State University
291 Campus Drive
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2 or 701-502-4407
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

2025-2026 Educational Purpose Form

Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Dickinson 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 notarized Statement of Educational Purpose provided below,

Statement of Educational Purpose

I certify that I _____ am the individual signing 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 Dickinson State University for 2025-2026.

Student's Signature _____ Date ____/____/____

Student's ID Number _____

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary's name)
personally appeared, _____, and provided to me
(Printed name of signer)
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
(seal)

(Notary signature)
My commission expires on _____