University of Central Missouri 6 Wudent Financ Bervices P.O. Box 800 1100 Ward Edwards Building Warrensburg, MO 64093

Identity and Statement of **Educational Purpose**

Phone 660-543-8266 Webpage: www.ucmo.edu/sfs 'RFXPHQWV 2QO\ (PDLO ILQDQFLDODVVLVWDQFH#XFPR HGX

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UCM use only

EDPURP

	(To Be Signed With Notary)	
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Stat	tement of Educational Purpose	
may receive will only be us	am the individual signing this Name) Purpose and the federal student financial assistance I sed for educational purposes and to pay the cost of 图 日 ② MWU\D ②R X U L for 20 -20 .	
(Student's Signature)	(Date)	
(Student's ID Number)	_	

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Notary's Certificat	te of Acknowledgement
City/County of	
On, before me,	
(Date)	(Notary's name)
	, and provided to me
(Printed name of signer) on basis of satisfactory evidence of identification	າ
to be the above-named person who signed the	(Type of government-issued photo ID provided) foregoing instrument.
WITNESS my hand and official seal (seal)	
-	(Notary signature)
My commission expires on	(Date)

Instructions to student