



Northwestern State University  
212 Student Services Center  
Natchitoches, Louisiana 71497

Office of Student Financial Aid  
Telephone (318) 357-5961  
Toll Free 1-800-823-3008

**2024-2025**  
**Identity and Statement of Educational Purpose**  
**(To Be Signed With Notary)**

If the student is unable to appear in person at Northwestern State University  
(Name of Postsecondary Educational Institution)  
to verify his or her identity, the student must provide:

- (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 is (in English or Spanish) provided below which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**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  
\_\_\_\_\_ for **2024-2025**.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

**Declaración de Propósito Educativo**

Certifico que yo, \_\_\_\_\_, soy el individuo que firma esta  
[Imprimir Nombre del Estudiante]

Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda  
recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a  
\_\_\_\_\_ para **2024-2025**.  
[Imprimir Nombre de Institución Educativa Postsecundaria]

\_\_\_\_\_  
[Firma del Estudiante] [la Fecha]

\_\_\_\_\_  
[Número de Identificación del Estudiante]

**Notary's Certificate of Acknowledgement**  
*Notary's certification may vary by State*

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)  
personally appeared, \_\_\_\_\_, and proved 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 \_\_\_\_\_  
(Date)

**CERTIFICATION AND WARNING**

Each person signing certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date. Copies of this document is not accepted; you must submit in the original copy which contains the notary's seal. **Warning:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.