



Financial Aid Office  
Campus Success Center  
103 Central Loop  
Slippery Rock, PA 16057  
Phone: 724.738.2044  
Fax: 724.738.2922

**2025-26 Identity and Statement of Educational Purpose (ISEP26)**

Student Name: \_\_\_\_\_ ROCK ID: **A or P** \_\_\_\_\_

**This statement must be completed and signed in the presence of a Slippery Rock University Financial Aid Administrator. DO NOT COMPLETE THIS FORM IN ADVANCE.**

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

The student must appear in person at Slippery Rock University Financial Aid Office 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 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 Slippery Rock University for 2025-26.  
(Print Student’s Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student’s ID Number: \_\_\_\_\_

**2025-26 Statement of Educational Purpose (ISEP26)**

Student Name: \_\_\_\_\_ ROCK ID: **A or P** \_\_\_\_\_

**OPTION 2:**

**This statement must be completed and signed in the presence of a Notary Public.  
DO NOT COMPLETE THIS FORM IN ADVANCE.**

**Identity and Statement of Educational Purpose  
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at *Slippery Rock University Financial Aid Office* 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. 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 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 Slippery Rock University for 2025-26.  
(Student's Name)

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 proved to me because  
(Printed name of signer)

of satisfactory evidence of identification \_\_\_\_\_

(Type of unexpired government-issued photo ID provided)  
to the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

Notary Signature: \_\_\_\_\_

My commission  
expires on: \_\_\_\_\_

**You must submit by mail the original notarized form along with a photocopy of a valid unexpired government-issued ID to:  
Financial Aid Office, Slippery Rock University, 103 Central Loop, Slippery Rock, PA 16057  
THIS FORM CAN NOT BE FAXED OR EMAILED.**