

Name	 
Empl ID _	 
Date	

## 2018-2019 Identity and Statement of Educational Purpose

(Dependent Student - To Be Signed at the Institution)

The student must appear in person at **Florida State University Office of Financial Aid** to verify his or her identity by presenting a 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 with the date it was received and the name of the official at the institution authorized to collect 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 Educ	cational Purpose		
I certify that I		am the individual signing this Statement of		
(Print Educational Purpose and the Educational Purpose and the Educational Purpose and the Education (Print Print	Student's Name) nat the federal student	financial assistance I may recei of attending <b>Florida State Univ</b>	ive will only be	
	Student's Empl ID)			
(.	Student's Signature)	(Date)		
	Certification a (Dependent	0		
Each person signing below certifies the WARNING: If you purposely give follows:				
WARTING. If you purposery give rai	lse or misleading informa	ation you may be fined or sent to pr	rison or both.	
Student's Signature (Required)	lse or misleading informa	ntion you may be fined or sent to pr	rison or both.	
	lse or misleading informa		rison or both.	
Student's Signature (Required)	For Office	Date  Date  Use Only	rison or both.	
Student's Signature (Required)  Parent's Signature (Required)	For Office	Date  Date  Use Only	Date	
Student's Signature (Required)  Parent's Signature (Required)  Original document used (check on	For Office	Date  Date  Use Only The ID after verifying identity.		



Name	
Empl ID	
Date	

## 2018-2019 Identity and Statement of Educational Purpose (Dependent Student - To Be Signed With Notary)

If the student is unable to appear in person at **Florida State University**, **Office of Financial Aid** to verify his or her identity, the student must provide:

- a.) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- b.) The original, **none photocopied**, Statement of Educational Purpose, which is provided below and must be notarized.

(This document *cannot be submitted electronically*, you may mail to address below.)

	Stateme	ent of Educational Purpose			
I certify	I certify that I am the individual signing this State  (Print Student's Name)				
		ne) ral student financial assistance I			
		ay the cost of attending <b>Florida St</b>			
	(Student's Empl ID)	(Student's Signature)	(Date)		
State of		ertificate of Acknowledgement City/County of			
On	, before me,	, personally appea	red,		
(Date)	(N	otary's name) idence of identification  (Type of gove	(Printed name of signer)		
	hand and official seal: n expires on (Date)	(Notary signature and	seal)		
(inj commissio	Cert	cification and Signature (Dependent Student)	,		
		information reported is complete and ding information you may be fined or			
Student's Signatur	re (Required)		_		
Parent's Signatur	e (Required)	Date	<del></del>		

Florida State University's Use of Social Security Number policy is available at <a href="http://registrar.fsu.edu/bulletin/undergraduate/information/university\_notices/">http://registrar.fsu.edu/bulletin/undergraduate/information/university\_notices/</a>
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Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@fsu.edu