

Name	
Empl ID	
Date	

2018-2019 Identity and Statement of Educational Purpose

(Independent 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	ational Purpose	
I certify that I		am the individual signing this	Statement of
(Print) Educational Purpose and the	Student's Name) nat the federal student	financial assistance I may recei of attending Florida State Unive	ve will only be
(S	tudent's Empl ID)		
(S	tudent's Signature)	(Date)	
	Certification an (Independen	0	
Each person signing below certifies th WARNING: If you purposely give fall			
		ation you may be timed of some to pr	ison or both.
Student's Signature (Required)		Date	ison or both.
			ison or both.
	For Office V	Date Date Use Only	ison or both.
Spouse Signature (Optional)	For Office V	Date Date Use Only	Date
	For Office V	Date Date Use Only ID after verifying identity.	



Name	
Empl ID	
Date	

2018-2019 Identity and Statement of Educational Purpose (Independent 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 certif	y that I	am the individual si	am the individual signing this Statement of		
Educat	ional Purpose and that the fede	me) eral student financial assistance I ray the cost of attending Florida St	may receive will only be		
	(Student's Empl ID)	(Student's Signature)	(Date)		
State of		ertificate of Acknowledgement City/County of			
On	. before me.	. personally appea	red.		
(Date)	(A	, personally appear (totary's name) idence of identification (Type of gove	(Printed name of signer)		
	y hand and official seal: on expires on (Date)	Oldern signature and	1)		
(My Commission	Cer	(Notary signature and tification and Signature Independent Student)	sear)		
	ning below certifies that all of the	information reported is complete and ding information you may be fined or			
Student's Signature (Required)		Date	_		
	e (Optional)	Date			

Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/
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Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@fsu.edu