

Name	
Empl ID	
Date	

2017-2018 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.

i urpose provided below.				
	Statemen	t of Educatio	nal Purpose	
I certify that I		ar	n the individual signing th	nis Statement of
(Print State Educational Purpose and that used for educational purpose 2018.				•
(Sta	udent's Empl ID))		
(Sti	udent's Signatur	~e)	(Date)	_
		ication and S dependent Stu	O	
Each person signing below certifies tha WARNING: If you purposely give falso				prison or both.
Student's Signature (Required)			Date	
Spouse Signature (Optional)			Date	
Original document used (check one)		For Office Use Cotocopy of ID a	•	
Staff (Printed Name)		Staff Signature		
Staff (Printed Name)		St	aff Signature	 Date
Staff (Printed Name) Documentation provided:		St	aff Signature	 Date

Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306 Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.edu



Name	
Empl ID _	
Date	

2017-2018 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.) **Statement of Educational Purpose** _____ am the individual signing this Statement of I certify that I _____ (Print Student's Name) 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 Florida State University for 2017-2018. (Student's Empl ID) (Student's Signature) (Date) **Notary's Certificate of Acknowledgement** State of _____ City/County of _____ _____, before me, ________, personally appeared, _______ and provided to me on basis of satisfactory evidence of identification _____ (Type of government-issued photo ID provided) _ to the above-named person who signed the foregoing instrument. (Expiration Date) WITNESS my hand and official seal: (My Commission expires on (Date) (Notary signature and seal) **Certification and Signature** (Independent Student) Each person signing below certifies that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information you may be fined or sent to prison or both.

Spouse Signature (Optional) Date

http://registrar.fsu.edu/bulletin/undergrad/info/university_notices.htm

Florida State University's Use of Social Security Number policy is available at

Student's Signature (Required)

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Date