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.

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 Florida State University for 2017-2018.

___________________________________      _______________
(Student’s Empl ID)       (Date)

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.

________________________________________    ________________________
Student’s Signature (Required)                                     Date

________________________________________    ________________________
Spouse Signature (Optional)                                      Date

For Office Use Only

Original document used (check one). Attach photocopy of ID after verifying identity.

_________________________________________ _________________________________________ _______________
Staff (Printed Name)                 Staff Signature             Date

Documentation provided:
Military ID___      Driver’s License___      Other ID____      Passport___      Document Expiration 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
www.financialaid.fsu.edu

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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

I certify that I ______________ am the individual signing this Statement of

(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________________________________

On_______________, before me, ______________________, personally appeared, _____________________,

(Date)                                                                    (Notary’s name)               (Printed name of signer)

and provided to me on basis of satisfactory evidence of identification ___________________,

Expiration Date)                                                            (Type of government-issued photo ID provided)

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.

________________________________________    ________________________
(Student’s Signature (Required)                                     Date

________________________________________    ________________________
(Spouse Signature (Optional)                                      Date

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