



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2019-2020 Statement – Identity and Educational Purpose - Dependent**  
**(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 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 2019-2020.

\_\_\_\_\_  
*(Student’s Empl ID)*

\_\_\_\_\_  
*(Student’s Signature)*

\_\_\_\_\_  
*(Date)*

**Certification and Signature**  
**(Dependent 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*

\_\_\_\_\_  
*Parent’s Signature (Required)*

\_\_\_\_\_  
*Date*

<b>For Office Use Only</b>		
<b>Original document used (check one). Attach photocopy of ID after verifying identity.</b>		
_____ <i>Staff (Printed Name)</i>	_____ <i>Staff Signature</i>	_____ <i>Date</i>
Documentation provided:		
Military ID _____	Driver’s License _____	Other ID _____
Passport _____	Document Expiration Date: _____	



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2019-2020 Identity and Statement of Educational Purpose (FAEPIE\_I)**  
**(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.)**

**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 2019-2020.

\_\_\_\_\_  
*(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 \_\_\_\_\_,  
*(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**  
**(Dependent 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*

\_\_\_\_\_  
*Parent's Signature (Required)*    *Date*