



Name _____

Empl ID _____

Date _____

**2020-2021 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 2020-2021.

(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

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: _____



Name _____

Empl ID _____

Date _____

2020-2021 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 2020-2021.

(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