

Name:	
EMPLID:	
Date:	

2021–2022—Identity and Educational Purpose Statement—Dependent (Dependent Student—To Be Signed at the Institution)

identity by presenting an unexpired valid governme a driver's license, other state-issued ID, or passport that is annotated by the institution with the date it	State University Office of Financial Aid to verify his or her ent-issued photo identification (ID) such as, but not limited to, t. The institution will maintain a copy of the student's photo ID was received and reviewed, and the name of the official at the dent's ID. In addition, the student must sign, in the presence of the Purpose provided below.
Statement	of Educational Purpose
I certify that I,	am the individual signing this Statement of
	inancial assistance I may receive will only be used for educational
purposes and to pay the cost of attending Florida S	State University for 2021–2022.
Student Signature	
EMPLID	
	cation and Signature ependent Student)
Each person signing below certifies that all of the in purposely give false or misleading information, you	nformation reported is complete and correct. WARNING: If you may incur fines, jail time, or both.
Student Signature (Required)	
FOR	R OFFICE USE ONLY
Original document used (check	one). Attach a photocopy ID after verifying identity.
Staff (printed name)	Staff Signature Date
Documentation provided:	
Military ID Driver's License Other ID	Passport Document Expiation Date

2021–2022 Identity and Statement of Educational Purpose (FAEPIE_I)

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 both:

- 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
- The original, none photocopied, Statement of Educational Purpose, which is provided below and must be notarized.

IMPORTANT: This document cannot be electronically submitted; however, you may mail it to the address given in the footer of this page.

Statement of Educational Purpose

I certify that I,	am the individual signing this Statement of
	nancial assistance I may receive will only be used for educational
purposes and to pay the cost of attending Florida S	tate University for 2021–2022.
Student Signature	Date
EMPLID	
Notary's Cert	ificate of Acknowledgment
State of City.	/County of
On before me	, personally appeared,
My Commission Expires on (Date)	Notary's Signature and Seal
	eation and Signature pendent Student)
Each person signing below certifies that all of the in purposely give false or misleading information, you	formation reported is complete and correct. WARNING: If you may incur fines, jail time, or both.
Student Signature (Required)	 Date

Florida State University's **Use of Social Security Number** policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/
282 Champions Way | P.O. Box 3062430 | University Center A4400 | Tallahassee, FL 32306 Phone: 850-644-0539 | Fax: 850-644-6404 | Email: financialaid@fsu.edu

www.financialaid.fsu.edu