

Name:	
EMP ID:	
Date:	

	lentity and Educational Purpose Statement Be Signed at the Institution)
identity by presenting an unexpired valid gove a driver's license, other state-issued ID, or pathat is annotated by the institution with the di	rida State University Office of Financial Aid to verify his or her ernment-issued photo identification (ID) such as, but not limited to, ssport. The institution will maintain a copy of the student's photo ID ate it was received and reviewed, and the name of the official at the student's ID. In addition, the student must sign, in the presence of the onal Purpose provided below.
State	ment of Educational Purpose
I certify that I,	am the individual signing this Statement of
Educational Purpose and that the federal students	dent financial assistance I may receive will only be used for educational
purposes and to pay the cost of attending Flo	rida State University for 2021-2022.
Student Signature	Date
EMPLID	
C	Certification and Signature
Each person signing below certifies that all of purposely give false or misleading information	the information reported is complete and correct. WARNING: If you n, you may incur fines, jail time, or both.
Student Signature (Required)	Date
F	OR OFFICE USE ONLY
Original document used (che	eck one). Attach a photocopy ID after verifying identity.
Staff (printed name)	Staff Signature Date
Documentation provided:	
Military ID Driver's License Othe	r 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

Student Signature (Required)	Date	
Each person signing below certifies that all of t purposely give false or misleading information,	he information reported is complete and correct. WARNING: If you you may incur fines, jail time, or both.	
Cer	tification and Signature	
My Commission Expires on (Date)	Notary's Signature and Seal	
WITNESS my hand and official seal:		
Expiration Date to the above-named person wh	o signed the foregoing instrument.	
and provided to me on basis of satisfactory evid	otary's Name Printed Name of Signer dence of identification Type of Government Issued Photo ID Provided	
On before me	otary's Name , personally appeared, Printed Name of Signer	
	City/County of	
	Certificate of Acknowledgment	
EMPLID		
Student Signature	Date	
purposes and to pay the cost of attending Flori	da State University for 2021-2022.	
·	ent financial assistance I may receive will only be used for educationa	
	am the individual signing this Statement of	
Loortification	am the individual circuing this Statement of	

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