

Name:	
EMP ID:	
Date:	

	and Educational Purpose Statement Signed at the Institution)
identity by presenting an unexpired valid governme a driver's license, other state-issued ID, or passpo 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, rt. The institution will maintain a copy of the student's photo ID was received and reviewed, and the name of the official at the ident's ID. In addition, the student must sign, in the presence of the Purpose provided below.
Statemen	t of Educational Purpose
	am the individual signing this Statement of financial assistance I may receive will only be used for educational State University for 2022-2023.
Student Signature	Date
EMPLID Certi	fication and Signature
Each person signing below certifies that all of the i purposely give false or misleading information, you	nformation reported is complete and correct. WARNING: If you use a may incur fines, jail time, or both.
Student Signature (Required)	
	OFFICE USE ONLY
Original document used (check o	one). Attach a photocopy ID after verifying identity.
Staff (printed name) Documentation provided: Military ID Driver's License Other ID	Staff Signature Date Passport Document Expiation Date

Staff (printed name)			9	Staff S	Signature	Date			
Documentation provided:									
Military ID		Driver's License		Other ID		Passport		Document Expiation Date	

2022-2023 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 the statement	f
	I student financial assistance I may receive will only be used for educat	
purposes and to pay the cost of attendi	g Florida State University for 2022-2023.	
Student Signature		
EMPLID		
Not	ry's Certificate of Acknowledgment	
State of	City/County of	
On before me Date and provided to me on basis of satisfact	, personally appeared,	er
Expiration Date to the above-named per	Type of Government Issued Photo ID Provided on who signed the foregoing instrument.	
WITNESS my hand and official seal:		
My Commission Expires on (Date)	Notary's Signature and Seal	
	Certification and Signature	
Notary's Certificate of Acknowledgment State of City/County of		
Student Signature (Required)		

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