

Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS OFFICE OF FINANCIAL AID

TELEPHONE: (850) 599-3730 FAX: (850) 561-2730 EMAIL: Financialaiddocs@famu.edu

2018–2019 Identity/Statement of Educational Purpose

This form is to be completed in the **Office of Financial Aid at Florida A&M University** with a financial aid professional. The student must provide valid government-issued photo identification. This includes: a driver's license, 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.

Additionally, students must sign, in	the presence of the University representative in the
Office of Financial Aid, the Stateme	ent of Educational Purpose below:
	am the individual signing this
(Print Student's	s Name)
Statement of Educational Purpose	e and that the federal student financial assistance I may
receive will only be used for educati	onal purposes to pay the cost of attending Florida
A&M University for the 2018-2019	award year.
(Student's Signature)	(Date)
(Student's Signature)	(Date)
	For Office Use Only
Staff	Date:
Documentation provided:	
Military ID Driver's License	_ Other ID Passport