



Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

TELEPHONE: (850) 599-3730

FAX: (850) 561-2730

Division of Student Affairs
Office of Financial Aid

2019-2020 Identity/Statement of Educational Purpose

This form is to be completed in the presence of a notary public, in the event the student is unable to sign the form in the Office of Financial Aid. The student must provide a valid government-issued photo identification. This includes: a driver's license, non-driver's license, 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 a Notary, the Statement of Educational Purpose below:

I certify that I, _____, am the individual signing this

(Print Student's Name)

Statement of Educational Purpose. I also certify that federal student financial assistance I may receive will only be used for educational purposes to pay for costs at the school for the 2019-2020 award year.

(Student's Signature)

(Date)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

on _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and
(Printed name of signer)

provided to me on basis of satisfactory evidence of identification

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____

For Office Use Only

Staff: _____ Date: _____

Documentation provided:

Military ID ___ Driver's License ___ Other ___ Passport ___