2021-2022 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 Statement of Educational Purpose below:

I certify that I, ____________________________ and the individual signing this State of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Florida A&M University for the 2021-2022 award year.

I am providing one of the following documentation:

- ___ Driver’s License
- ___ Military ID
- ___ Other ID
- ___ Passport

_______________________________  ______________________________
Student’s Full Name             FAMU Student ID Number

_______________________________  ____________________
Student’s Signature             Date
Notary’s Certificate of Acknowledgement

State of _________________________________ City/County of ________________________________
on ______________________, before me, _____________________________,
(Date) (Notary’s name)

personally appeared, ____________________________, and provided to me on basis of
(Printed name of signer)
satisfactory evidence of identification ____________________________ to be
(Type of government-issued photo ID provided)

the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

______________________________
(Notary signature)

My commission expires on ______________________

Office Use Only:

_____ Mail  _____ Email  _____ Fax  _____ Hand Carry

Received by: __________________________ Date: __________________________