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

2026-2027 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, _____ (University Representative) 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 2026-2027 award year.

I am providing one of the following documentations:

____ Driver's License____ Military ID____ Other ID____ Passport

_____
Print your Full Name and FAMU Student ID Number

_____
Sign your Name and Date

Office Use Only: Student must upload document via their SFP portal

Received by**:** _____ Date: _____