



Division of Student Affairs  
Office of Financial Aid

Telephone: (850) 599-3730  
Fax: (850) 561-2730  
Email: [financialaiddocs@famu.edu](mailto:financialaiddocs@famu.edu)

## 2025-2026 Identity/Statement of Educational Purpose

**This form is to be completed by a financial aid representative in the Office of Financial Aid at Florida A&M University.** 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 **2025-2026** award year.

**I am providing one of the following documentations:**

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

\_\_\_\_\_  
Student’s Full Name

\_\_\_\_\_  
FAMU Student ID Number

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

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THIS IS A SEPARATE FORM

Put on letter head

Student Name \_\_\_\_\_

FAMU Student ID \_\_\_\_\_

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County  
of \_\_\_\_\_  
on \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me on **the**  
(Printed name of **the** signer)

basis of satisfactory evidence of identification \_\_\_\_\_ to be  
(Type of government-issued photo ID provided)

**the above-named person 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: \_\_\_\_\_