

FLORIDA A&M UNIVERSITY FINANCIAL AID

Division of Student Affairs Office of Financial Aid Telephone: (850) 599-3730 Fax: (850) 561-2730

Email: financialaiddocs@famu.edu

2022-2023 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, an	and the individual signing this State of Educational Purpose			
and that the federal student financial assistance I may re	eceive will only be	used for educational purposes to pay the		
cost of attending Florida A&M University for the 202	2-2023 award year	•		
I am providing one of the following documentation:				
i am providing one of the ronowing documentation	Driver's Li	cense		
	Military ID	ı		
	Other ID			
	Passport			
Student's Full Name	-	FAMU Student ID Number		
Student's Fun Name	1	FAMO Student ID Number		
Student's Signature	-	 Date		
Student's Signature	J	Jaie		

Student N	Jame		

FAMU Stu	dent ID	

${\bf Notary's\ Certificate\ of\ Acknowledgement}$

	City/County
ofhefere me	
(Date), before me	(Notary's name)
personally appeared,	, and provided to me on basis of
	ame of signer)
(Type	to be e of government-issued photo ID provided)
the above-named person who signed the fore	egoing 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: