



Division of Student Affairs  
Office of Financial Aid

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

## 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



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 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: \_\_\_\_\_