



FLORIDA A&M UNIVERSITY FINANCIAL AID

Division of Student Affairs
Office of Financial Aid

Telephone: (850) 599-3730
Fax: (850) 561-2730
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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

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: _____