**Identity and Statement of Educational Purpose 2017-2018**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Emory ID (EMPL):</th>
</tr>
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</table>

**Email Note:** Communications regarding this request will be sent via email to the student’s email address marked as preferred in OPUS.

**Last 4 Digits of Student SSN (if ID Number Unknown):** XXX - XX - _________

***TO BE SIGNED WITH NOTARY***

If the student is unable to appear in person at Emory University to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as but not limited to, a driver’s license, other state-issued ID, or passport; and

(b) The original notarized Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Document Submission Instructions**

Because the original notarized document must be received with the stamp/seal, please mail this form with the copy of the valid government-issued photo identification to the address above. This document cannot be accepted via fax or email.

**Statement of Educational Purpose**

I certify that I _____________________________ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Emory University for 2017-2018.

_______________________________________________________    ______________________________
(Student’s Signature) (Date)

**Notary’s Certificate of Acknowledgement**

State of _____________________________ City/County of _____________________________
On _____________________________, before me, ____________________________________________,

on basis of satisfactory evidence of identification _____________________________

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)

My Commission expires on _____________________________

**Method of Receipt:** FAIDSN—Notary

**Internal Use Only**

<table>
<thead>
<tr>
<th>Receipt Date:</th>
<th>Approved Intake Official’s Initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td>_____________________________</td>
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Last Update 4/13/2018