



Identity and Statement of Educational Purpose 2024-2025

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
Fax: 404.727-6709 (Office preferred method of submission)
Email: finaidd@emory.edu

Student's Name: Emory ID (EMPL):
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 2024-2025.

(Print Student's Name)

(Student's Signature)

(Date)

Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_

(Type of government-issued photo ID provided)

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

WITNESS my hand and official seal

(seal)

(Notary signature)

My Commission expires on \_\_\_\_\_

(Date)

Internal Use Only

Receipt Date:

Approved Intake Official's Initials:

Method of Receipt:

FAIDSN—Notary

Last Update 10/19/2023