



Identity and Statement of Educational Purpose 2025-2026

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: finaid@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
(Print Student's Name)
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 2025-2026.

(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 11/8/2024