



## Identity and Statement of Educational Purpose 2026-2027

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](mailto:finaid@emory.edu)

|   |  |
|---|--|
| <b>Student's Name:</b>  | Emory ID (EMPL):   |
| Email Note: Communications regarding this request <b>will be sent via email to the student's email address</b> marked as preferred in OPUS. | Last 4 Digits of Student SSN (if ID Number Unknown):<br><br>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 2026-2027.

\_\_\_\_\_  
(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 12/2/2025