

**PLEASE DO NOT LEAVE ANY LINE BLANK.**  
**Incomplete forms will not be processed.**

**A. Student Information**

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|   |            |       |              |
|---|------------|-------|--------------|
| _____   | _____      | _____ | G00 _____    |
| Last Name                                       | First Name | M.I.  | Student ID # |
| _____   |            |       | _____        |
| Mailing Address (Including City, State and Zip) |            |       | Phone        |

**B. Confirmation of Student Identity**

You **must appear in person** at **State College of Florida** to verify your identity by presenting a copy of valid government-issued photo identification (ID), such as, but not limited to a driver's license, other state-issued ID, or passport. The institution will maintain a copy of your 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 and parent ID's.

- Copy of driver's license
- Copy of US Passport
- Certificate of Naturalization
- Other official government issued ID

**For Office Use Only:**

\_\_\_\_\_  
Type of Document:

\_\_\_\_\_  
Document Verified by:

\_\_\_\_\_  
Date Document Received:

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If you are unable to appear in person at **State College of Florida** to verify his or her identity, you must provide to the institution:

- (a) A copy of the unexpired 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 Statement of Educational Purpose provided below, which 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.

**C. Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending  
**State College of Florida** for 2024-2025.

**D. Certification**

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student (**must sign in person or notarize the document**) and the parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**  
\_\_\_\_\_  
FA Counselor Initials  
\_\_\_\_\_  
Date Received

**E. Notary**

**THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION. (front and back)**

State of \_\_\_\_\_

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

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and proved to me on basis of satisfactory  
(Printed name of signer- **STUDENT ONLY**)

evidence of identification \_\_\_\_\_ to be the above-  
(Type of government-issued photo ID provided)

named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)