Statement of Educational Purpose
2023-2024

Office of Student Financial Assistance and Employment • P.O. Box 248187 • Coral Gables FL, 33124
Phone: (305) 284-IBIS (4247)

Student Name ___________________________________ Empl ID #: __________________________

Instructions
You, the student, must complete and sign this form in the presence of a financial aid advisor or a notary public to verify your identity. You must present an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID card, or passport at the time of completing this form.

If you are unable to appear in person at the University of Miami’s ‘Canes Central office, you must complete this form in the presence of a notary public to verify your identity and mail the original notarized form and a copy of your unexpired valid government issued photo identification to the Office of Financial Assistance. We cannot accept scanned, e-mail or faxed forms.

Statement of Educational Purpose

I certify that I_______________________________am the individual signing this
(Print Student’s Name)
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 the University of
Miami for 2023-2024.

Student Signature:____________________________________ Date: ______________________

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

To Be Signed at the Institution

The institution will maintain a copy of the student’s photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student’s ID.

Advisor Name:____________________________________ Date: ______________________

Advisor Signature:____________________________________

To Be Signed in the Presence of a Notary

Notary’s Certificate of Acknowledgement

State of________________________ City/County of __________________________

On________________________, before me,______________________________, personally appears,
(Date) (Notary’s name)
______________________________, and proved to me on basis of satisfactory evidence of identification,
(Printed name of signer)
______________________________, to be the above-named person who signed the foregoing instrument.

(Type of government-issued photo ID provided)

WITNESS my hand and official seal
(seal)

__________________________________________
(Notary signature)

My commission expires on ______________________
(Date)