



Statement of Educational Purpose 2022-2023

Office of Financial Assistance Services • P.O. Box 248187 • Coral Gables FL, 33124
Phone: (844) 922-4207

Student Name _____

UM ID #: C _____

Instructions

If you are completing this form prior to August 19, 2023 you do not need to sign this form in the presence of a financial aid advisor or a notary. Please print and sign this form, then upload the form and a copy of your unexpired government issued ID to the [Document Submission Form](#).

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 Office of Financial Assistance Services 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 2022-2023.

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)