

16/17

S107 Criser Hall • PO Box 114025 Gainesville, FL 32611-4025 352-392-1275/392-1275 TDD 352-392-2861 Fax • www.sfa.ufl.edu

Identity and Statement of Educational Purpose (To Be Signed at the University of Florida)

UFID Student's	Name	
The student must appear in person at the lapresenting a valid government-issued phot driver's license, other state-issued ID, or pastudent's photo ID that is annotated by the name of the official at the institution author	to identification (ID), such as, but r assport. The institution will mainta institution with the date it was rec	not limited to, a iin a copy of the
In addition, the student must sign, in the professional Purpose provided below.	resence of the institutional official,	the statement
Statement of Educational Purpose		
Print Student's Name) (Print Student's Name) of Educational Purpose and that the Feder only be used for educational purposes and Florida for 2016-2017.	ral student financial assistance I m	nay receive will
(Student's Signature)	(Student's ID Number)	(Date)
Original Document Copied and Signature Witnessed		
Date SFA Official	Initials _ (Print Name)	
If you have any questions, call our office at (352) 392-1275.		
	UFID	6 94
	Name	