

**SUNY Sullivan**  
Financial Aid Office  
112 College Road  
Loch Sheldrake, NY 12759

**2019-2020 Student Identity and Statement of Educational Purpose Worksheet**

We are required to obtain the following information from you before we disburse any federal financial aid to you for the 2018-2019 Academic Year.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number						

Student's Street Address (include apt no.)	Student's Date of Birth
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City	State	Zip Code	Student's E-Mail Address
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Student's Home Phone Number (include area code)	Student's Alternate Number or Cell Phone Number
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**You *must* complete EITHER:**

- **Section B** in person at the SUNY Sullivan Financial Aid Office

**OR**

- **Section C** with a Notary and submit the notarized form to the SUNY Sullivan Financial Aid Office.

**B. Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at the SUNY Sullivan Financial Aid Office to verify his or her identity by presenting a 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 the student's 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's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)  
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 SUNY Sullivan for 2018-2019.

(Student's Signature)	(Date)

\_\_\_\_\_  
(Student's ID Number)

**Please note:** if you are NOT completing Section B, you must complete Section C on the back of this form with a Notary and submit the Notarized form to the SUNY Sullivan Financial Aid Office.

**C. Identity and Statement of Educational Purpose (To Be Signed With Notary)**

If the student is unable to appear in person at SUNY Sullivan 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, 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 provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
(Print Student's Name)  
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 SUNY Sullivan for 2019-2020.

\_\_\_\_\_  
(Student's Signature) (Date) \_\_\_\_\_  
  
\_\_\_\_\_  
(Student's ID Number)

**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)