

## 2022-2023 Student Identity and Statement of Educational Purpose Worksheet

We are required to obt	ain the following information fr	rom you before we disburse any fed	eral financial aid to you for the 2022-2023 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
City	State	Zip Code	Student's E-Mail Address
Student's Home Phone Nu	umber (include area code)		Student's Alternate Number or Cell Phone Number
You <i>must</i> complete	EITHER:		
	OR	ullivan Financial Aid Office it the notarized form to the S	UNY Sullivan Financial Aid Office.
B. Identity and Stat	tement of Educational Purp	pose (To Be Signed at the Inst	itution)
government-issued The institution will	photo identification (ID),	such as, but not limited to, a ident's photo ID that is annota	te to verify his or her identity by presenting a valid driver's license, other state-issued ID, or passport. ated with the date it was received and the name of
In addition, the stu	dent must sign, in the pres	sence of the institutional offic	ial, the following:
		Statement of Educational Pu	rpose
	•	: Student's Name)	individual signing this Statement of
be u	ised for educational purpo	oses and to pay the cost of att	ending SUNY Sullivan for 2022-2023.
	(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	of Educational Purpose
I certify that I _		am the individual signing this Statement of
	rint Student's Name)	
Educational Pu	rpose and that the fe	ederal student financial assistance I may receive will only
be used for edu	ucational purposes ar	nd to pay the cost of attending SUNY Sullivan for 2022-2023.
(Student's Sign	ature)	(Date)
(Student's ID N	umber)	
	Notary's Ce	ertificate of Acknowledgement
State of	Cit	cy/County of
On	, before me,	, otary's name)
(Date)	(No	otary's name)
personally appeared, _		, and provided to me
(P	Printed name of signe	er)
on basis of satisfactory	evidence of identific	ation
,		(Type of government-issued photo ID provided)
to be the above-named	d person who signed	the foregoing instrument.
		WITNESS my hand and official seal
(seal)		
		<del></del>
		(Notary signature)
My commission expires	s on	
	(Date)	