

2024-2025 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	leral financial aid to you for the 2024-2025 Academic Year.
Student's Last Name	Student's First Name	Student's M.I.	Student's Sullivan ID 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 Number (include area code)			Student's Alternate Number or Cell Phone Number
You <i>must</i> complete	e 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 annot	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	cial, the following:
		Statement of Educational Pu	rpose
	,	Student's Name)	individual signing this Statement of al assistance I may receive will only
be u	used for educational purpo	oses and to pay the cost of att	ending SUNY Sullivan for 2024-2025.
	(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
(Print S	am the individual signing this Statement of Student's Name) e and that the federal student financial assistance I may receive will only
be used for educati	onal purposes and to pay the cost of attending SUNY Sullivan for 2024-2025.
(Student's Signatur	e) (Date)
(Student's ID Numb	er)
	Notary's Certificate of Acknowledgement
State of	City/County of
	, before me,,
(Date)	(Notary's name)
personally appeared,(Printe	ed name of signer)
on basis of satisfactory evid	ence of identification (Type of government-issued photo ID provided)
to be the above-named per	son who signed the foregoing instrument.
	WITNESS my hand and official seal
(seal)	
	(Notary signature)
My commission expires on ([Date)