

2017-2018 Identity Verification and Statement of Educational Purpose Financial Aid Office

Student's na	ame	SUNY Cortland ID # C00		
Your Free Application for Federal Student Aid (FAFSA) was selected for verification. We are required to verify your identity and to collect your Statement of Educational Purpose.				
	o this one of two ways; Appear in person at SUNY Cortland's Finan government-issued photo identification (ID state-issued ID, or passport.	. •		
2.	If you are unable to appear in person then the original mailed to SUNY Cortland's Fina government-issued photo identification (ID state-issued ID, or passport.	incial Aid Office along with a c	copy of a valid	
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				
Sta rec	ertify that I(Print Student's Name) Itement of Educational Purpose and that the eive will only be used for educational purpoiversity of New York at Cortland for 2017-20	ses and to pay the cost of att	stance I may	
(Stu	udent's Signature -must sign at time of appe	arance) (Date)		
Financial Aid	d Office use only:	Date received:		
I have reviewed the valid government-issued photo id for the student listed above and a copy is attached to this form.				
Name of official who reviewed identification				





Student's name SUNY Cortland ID # C00				
If unable to appear in person at SUNY Cortland's Financial Aid Office 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			
(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 State University of New York College				
	at Cortland for 2017-2018.			
	(Student's Signature)	(Date)		
	No	otary's Certificate of Acknowledgement		
State c	f	City/County of		
		ne,,		
	(Date)	(Notary's name)		
personally appeared,		, and provided to me		
	(Printed name of s	signer)		
on basi	is of satisfactory evidence of ide	ntification		
		(Type of government-issued photo ID provided)		
to be t	he above-named person who sig	gned the foregoing instrument. WITNESS my hand and official seal		
	(seal)	(Naturalization)		
	,	(Notary signature) Commission expires on		
		(Date)		
		Please return completed form to: SUNY Cortland Financial Aid Office PO Box 2000, Cortland NY, 13045		
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