

Student Name:

Financial Aid Office
Submit form:

Document Submission Portal or by mail
PO Box 2000, Cortland, NY 13045-0900

Cortland ID#: C00_____

2023-2024 Identity Verification and Statement of Educational Purpose

Your FAFSA was selected for verification. We are required to verify your identity and to collect your Statement of Educational Purpose.	
 You can do this one of two ways: Appear in person at SUNY Cortland's Financial Aid Office with page of government-issued photo identification (ID), such as but not limited issued ID, or passport. If you are unable to appear in person, page two of this document mumailed to SUNY Cortland's Financial Aid Office along with a copy of identification (ID), such as but not limited to: a driver's license, other The institution will maintain a copy of the student's photo ID that is annotated. 	to: a driver's license, other state- ust be completed and the original a valid government-issued photo state-issued ID, or passport
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(Print Student's Name)	am the individual signing this
Statement of Educational Purpose and that the federal student financial aid I may receive will only be	
used for educational purposes and to pay the cost of attending the State University of New York at	
Cortland for 2023-2024.	, , , , , , , , , , , , , , , , , , , ,
Student Signature (must sign at time of appearance)	Date
Financial Aid Office use only:	
I have reviewed the valid government issued photo ID for the student listed	above a copy is attached to this form.
Name of Institutional Official:	
Date received:	



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and's Financial Aid Office, the student must provide:
nment-issued photo identification that is acknowledged in the notary nited to: a driver's license, other state-issued ID, or passport; and
Educational Purpose provided below.
ment of Educational Purpose
am the individual signing this
hat the federal student financial aid I may receive will only be
ay the cost of attending the State University of New York at
Date Contificate of Advanced decrease
Certificate of Acknowledgement City/County of
, before me,
(Notary's Name)
, and provided to me
(Printed Name of Signer)
ntification(Type of Government-Issued Photo ID Provided)
ned the foregoing instrument. Witness my hand and official seal.
(Notary Signature)
Commission expires on
(Date)
Please return completed form to:
SUNY Cortland Financial Aid Office PO Box 2000
Cortland, NY 13045