

Student Financial Services Phone 518-255-5623 106 Suffolk Circle Cobleskill, NY 12043

Fax 518-255-5844 Financialaid@cobleskill.edu

## 2020-2021 Identity and Statement of Educational Purpose

(To be signed with Notary)

If the student is unable to appear in person at SUNY Cobleskill to verify his or her identity, the student must provide:

- 1. A copy of the unexpired 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
- 2. The original Statement of Educational Purpose provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

## **Statement of Educational Purpose**

I certify that I	am the individual signing this Statement of	
(print studen	nt's name)	
Educational Purpose and that the	e federal student financial assistance I may	receive will only be
used for educational purposes ar	nd to pay the cost of attending SUNY Coble	eskill for 2020-2021.
(Student's Signature)		Date)
(Student's ID Number)		
,		
Notary	y's Certificate of Acknowledgement	
State of		
	efore me,	
(Date)	(Notary's name)	
personally appeared,		_, and proved to me
(Pr	rinted name of signer)	_
on basis of satisfactory evidence	e of identification	
·	(Type of government-issued pl	
to be the above-named person w	ho signed the foregoing instrument.	
•		
WITNESS my hand and offici	al seal	
(seal)		
	(Notary sig	gnature)
My commission expires on		
	(Date)	