

Student Financial Services Phone 518-255-5623 106 Suffolk Circle Fax 518-255-5844

Cobleskill, NY 12043 Financialaid@cobleskill.edu

Identity and Statement of Educational Purpose

The student must appear in person at SUNY Cobleskill to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. SUNY Cobleskill 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

| I certify that I | am the individual signing thi |
|-----------------------|---|
| (Print) | Student's Name) |
| | d that the federal student financial assistance ducational purposes and to pay the cost of attendin |
| | |
| (Student's Signature) | (Date) |
| | |
| (Student's ID Number) | |

Revised: 11/22