Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2017-2018 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 student's name)	
Educational Purpose and that the federal st	tudent financial assistance I may receive will only be
used for educational purposes and to pay t	he cost of attending SUNY Cobleskill for 2016-2017.
	•
(Student's Signature)	(Date)
(Student's ID Number)	
Notary's Certi	ficate of Acknowledgement
Hotary's Certification	neate of Acknowledgement
State of	
City/County of	
(Date)	(Notary's name)
personally appeared,	, and proved to me
(Printed name of	f signer)
on basis of satisfactory evidence of identif	ication
•	(Type of government-issued photo ID provided)
to be the above-named person who signed	the foregoing instrument.
1	
WITNESS my hand and official seal	
(seal)	(Notary signature)
My commission expires on	(Hold y signature)
(Date)	
(Dute)	