

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 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 |
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| (Print Student | 's Name) |
| Statement of Educational Purpose and that I may receive will only be used for educati SUNY Cobleskill for 2018-2019. | the federal student financial assistance onal purposes and to pay the cost of attendir |
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| | |
| (Student's Signature) | (Date) |
| | |
| | |
| (Student's ID Number) | |

Revised: 02/18