

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

Fax 518-255-5844 Financialaid@cobleskill.edu

2019-2020 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 fe	ederal student financial assistance I may receive will only be
used for educational purposes and	to pay the cost of attending SUNY Cobleskill for 2019-2020.
1 1	
(Student's Signature)	(Date)
(Student's ID Number)	_
(Student & ID Trumber)	
Notary's	Certificate of Acknowledgement
<u>Notal y s</u>	Certificate of Acknowledgement
State of	
On, befo	ore me,
(Date)	(Notary's name)
personally appeared,	, and proved to me
(Print	ted name of signer)
on basis of satisfactory evidence of	f identification
•	(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	
-	(Date)