

Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115 Phone 216-687-5411

2025-2026 Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

Last Name	First Name	CSU ID#	_
ou are required to complete this Statement of	Educational Purpose to verify you	r identity.	
You are unable to appear in person at Clevela A copy of your unexpired valid gov below, such as but not limited to a dri The original notarized Statement of E	rernment-issued photo identification ver's license, other state-issued ID	on (ID) that is acknowledged in the s, or passport; AND	notary staten
S	statement of Educational P	ırpose	
ertify that I(Print Name)	am the individual signing this	Statement of Educational Purpose an	nd that the
(Print Name) deral student financial assistance I may recei			
te University for 2025-2026.			
(Student's Signature)	CSU ID Number	(Date)	
N	otary's Certificate of Acknowled	lgement	
te of			
y/County of			
, before me,			
(Date)		(Notary's name)	
sonally appeared,(Printed na	me of signer)	ved to life oil basis of satisfactory evi	idefice of
ntification		to be the above-named person who s	
(Type of government going instrument.	nt-issued photo ID provided)		
TNESS my hand and official seal:			
(seal)		(Notary signature)	
		My commission expires on	(Dat

This document must be mailed in to satisfy verification requirements for the Statement of Educational Purposes.