

## Financial Aid Office

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

## 2025-2026 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

	Last Name	First Name	CSU ID #	_
MUST I state-issu satisfy v	present an <b>unexpired</b> valid governn	•	such as, but not limited to, a drive	r's license, other
		Statement of Educational Pur	rpose	
I certify that I am the individual signing this Statement of Educational Purpose and that the (Print Name)  Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending				
Clevelan	d State University for 2025-2026.			
	*(Student's Signature)	CSU ID Number	(Date)	
	*Institutional Official (Signature)		Date	
	Institutional Official (Print Name)			

\*Note: This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable and will delay processing\*

\*\*Institutional official please remember to sign and date the copy of the valid government-issued photo I D\*\*