

Financial Aid Office

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

2024-2025 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 Statemo	ent of Educational Purpose to verify yo	our identity.	
below, such as but not limited to	leveland State University to verify you d government-issued photo identificat a driver's license, other state-issued II t of Educational Purpose provided belo	ion (ID) that is acknowledged in the D, or passport; AND	notary stateme
	Statement of Educational F	Purpose	
certify that I(Print Name)	am the individual signing thi	s Statement of Educational Purpose ar	nd that the
(Print Name) ederal student financial assistance I may			
tate University for 2024-2025.			
(Student's Signature)	CSU ID Numbe	r (Date)	
	Notary's Certificate of Acknowle	edgement	
tate of			
ity/County of			
n, before me,			
(Date) ersonally appeared	(Notary	(Notary's name), and proved to me on basis of satisfactory evidence of	
(Print	red name of signer)		
entification(Type of govern	rnment-issued photo ID provided)	_ to be the above-named person who s	signed the
regoing instrument.	minent-issued photo 1D provided)		
/ITNESS my hand and official seal: (seal)			
()		(Notary signature)	
		My commission expires on	(Date)

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