

SUNY Upstate Medical University
Office of Financial Aid

STATEMENT OF EDUCATIONAL PURPOSE

We are required to obtain the following information from you before we disburse any Federal Financial Aid to you for the 2019-2020 Academic Year.

A. Student Information

Last Name First Name M.I. Social Security Number

Address (include apt. #) Date of birth

City State Zip Code Phone Number (include area code)

You must complete either:

Section B in person at the Upstate Medical University Financial Aid Office

OR

Section C with a Notary and submit the notarized form to the Upstate Medical University Financial Aid Office

B. Identity and Statement of Education Purpose (to be signed at Institution_

The student must appear in person at the Upstate Medical University Financial Aid Office 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. The institution 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 this statement of Educational
(Print Student's Name)

Purpose and that the federal student financial assistance I may receive will only be used for Educational purposes, and to pay for the cost of attending Upstate Medical University

(Student's Signature)

(Date)

(Student's ID Number)

(Financial Aid Advisor)

Please note, if you are NOT completing Section B you must complete Section C on the back of this form.

C. Identity and Statement of Educational Purpose (To be signed with Notary)

If the student is unable to appear in person at Upstate Medical University to verify his or her identity, the student must provide:

- a) A copy of the 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 than state-issued ID, or passport; and
- b) The original notarized Statement of Education Purpose below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for the Educational purposes and to pay for the cost of attending Upstate Medical University.
(Print Student’s Name)

(Student’s Signature) (Date)

(Student’s ID Number)

Notary’s Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____
(Date) (Notary’s name)

Personally appeared, _____, and provided to me
(Printed name of signer)

On basis of satisfactory evident of identification _____
(Type of government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal) _____
(Notary signature)

My commission expires on _____
(Date)