

## Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at SUNY Upstate Medical University to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## Statement of Educational Purpose

I certify that I,	, am the individual
(Print Student's Nar	me)
signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending SUNY Upstate Medical University for 2024–2025.	
Student Signature	Date
Student ID Number	
For Internal Use Only	
***Take a copy of the student's government issued photo identi-	fication, front and back, attach to form***
This student appeared before me today and proved their identity	y with a government issued photo identification.
Printed Name of Staff Member	Date