Cobleskill

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2018-2019 Identity and Statement of Educational Purpose (To be signed with Notary)

If the student is unable to appear in person at SUNY Cobleskill to verify his or her identity, the student must provide:

- 1. A copy of the unexpired 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 state-issued ID, or passport; and
- 2. The original Statement of Educational Purpose provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _______ am the individual signing this Statement of (print student's name)

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 Cobleskill for 2018-2019.

(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 proved to me
	(Printed name of signer)		
on basis of satisfactory evid	ence of identification _		
-		(Type of government-issued photo ID provided)	
to be the above-named perso	on who signed the fore	going instrument.	
WITNESS my hand and o	fficial seal		
		(Notary signature)	
My commission expires on			

(Date)