

Institutional Official (Print Name)

Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115 Phone: (216) 687-5411 Fax: (216) 687-9247 For in-person inquiries, please visit Campus411 All-in-1, MC 116 http://www.csuohio.edu/financial-aid/financial-aid

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

| | Last Name | First Name | CSU ID # | |
|--|--|--|--|---------------------------------|
| | Email Address | () Phone Number (Home) | ()Phone Number (Cell) | |
| | | tudent Aid (FAFSA) was selected for reomplete this Statement of Educational Po | | cation. We are |
| of the fol ID, or par the official | lowing: a valid government-issued pho ssport. The university will maintain a c | d State University, Campus 411 All-in-1 to identification (ID), such as, but not licopy of your photo ID that is annotated to the student's ID. No e-mail or faxed deal Purpose. | mited to, a driver's license, oth with the date it was received an | er state-issued and the name of |
| In addition | on, you must sign this form, in the prese | ence of the institutional official, the follo | wing: | |
| | Sta | atement of Educational Purpose | , | |
| 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 | | | | |
| Cleveland | d State University for 2015-2016. | | | |
| | | | | |
| (| (Student's Signature) | CSU ID Number | (Date) | |
| | | | | |
|] | Institutional Official (Signature) | Dat | te | |