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

2016-2017 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)

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". We are required to verify your identity. You must also complete this Statement of Educational Purpose.

You are required to appear in person at Cleveland State University, Campus 411, All-in-1 to verify your identity. You must present one of the following: a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The university will maintain a copy of your 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. **No e-mail or faxed documents can be used to satisfy verification requirements for the Statement of Educational Purpose.**

In addition, you **must** sign this form, 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 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 State University for 2016-2017.

_____	_____	_____
(Student's Signature)	CSU ID Number	(Date)

_____ _____
Institutional Official (Signature) Date

_____
Institutional Official (Print Name)

Institutional official please remember to sign and date the copy of the valid government-issued photo I D