

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 www.csuohio.edu/financial-aid

2018-2019 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

Last Name	First Name	CSU ID #	
()Phone Number (Home)	()_Phone Number (Cell)		
You are required to appear in person at Cleveland must present a valid government-issued photo ider passport. The university will maintain a copy of y requirements for the Statement of Educational In addition, you must sign this form in the present	ntification (ID) such as, but not limite your photo ID. No e-mail or faxed Purpose.	ed to, a driver's license, other	state-issued ID, or
	tement of Educational Purpo	ço.	
Stat	tement of Educational Furpo	Se	
I certify that I(Print Name) Federal student financial assistance I may receive		-	
Cleveland State University for 2018-2019.			
(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