

## **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

## 2017-2018 Identity and Statement of Educational Purpose (To Be Signed at the Institution)

	Last Name	First Name	CSU ID #	
		( )	( )	
	Email Address	Phone Number (Home	Phone Nu	mber (Cell)
		deral Student Aid (FAFSA) was select t also complete this Statement of Educ		s called "Verification". We are
of the fol ID, or pa official a	llowing: a valid government-issussport. The university will maint	leveland State University, Campus 41 and photo identification (ID), such as, ain a copy of your photo ID that is an abllect the student's ID. No e-mail or cational Purpose.	but not limited to, a driven that of the date it was	ver's license, other state-issued as received and the name of the
In addition, you <b>must</b> sign this form, in the presence of the institutional official.				
		Statement of Educational	Purpose	
I certify t		am the individual signin	g this Statement of Educ	ational Purpose and that the
Federal s	(Print Name) student financial assistance I may	receive will only be used for education	onal purposes and to pay	the cost of attending
Clevelan	d State University for 2017-2018	3.		
	(Student's Signature)	CSU ID Number	er (Date)	
	Institutional Official (Signature)		Date	
	Institutional Official (Print Nam	e)		

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