

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 () Phone Nun	nber (Home)	First Name () Phone Number (Cell)	CSU ID#	
must present an unexpir issued ID, or passport. T verification requiremen	ed valid government-issued he university will maintain a ats for the Statement of Edu	_	as, but not limited to, a driver	's license, other state-
In addition, you must sig	gn this form in the presence of	of the institutional official.		
	Stater	nent of Educational Purj	pose	
I certify that I	(Print Name)	am the individual signing this		
Cleveland State Universi	ty for 2018-2019.			
(Student's Signa	ature)	CSU ID Number	(Date)	
Institutional Official (Signature)			Date	_
	Ficial (Print Name)			

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