

Financial Aid Office

2121 Euclid Avenue, Cleveland, OH 44115 Phone 216-687-5411 Fax 216-687-9247 www.csuohio.edu/financial-aid

2023-2024 Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

Last Name	First Name	CSU ID#	-
()Phone Number (Home)	Phone Number (Cell)		
You are required to also complete this S	tatement of Educational Purpose to ver	rify your identity.	
below, such as but not limited t		ation (ID) that is acknowledged in the ID, or passport; AND	notary stateme
	Statement of Educational	Purpose	
certify that I(Print Name) Federal student financial assistance I ma			
State University for 2023-2024.			
(Student's Signature)	CSU ID Numb	per (Date)	
	Notary's Certificate of Acknow	ledgement	
state of			
City/County of			
On, before me (Date)	,		
ersonally appeared,	, and p	y's name) proved to me on basis of satisfactory ev	idence of
dentification	nted name of signer) ernment-issued photo ID provided)	to be the above-named person who	signed the
oregoing instrument.	ernment-issuea photo 112 provided)		
WITNESS my hand and official seal:			
(seal)		(Notary signature)	
		My commission expires on	(Date)

This document must be mailed in to satisfy verification requirements for the Statement of Educational Purposes.