

Financial Aid Office

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

to

2023-2024 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 Clevelar MUST present an unexpired valid governmentate-issued ID, or passport. The university will atisfy verification requirements for the State in addition, you must sign this form in the presentation. | at-issued photo identification (ID) sul maintain a copy of your photo ID. ement of Educational Purpose. | ch as, but not limited to, a driv | er's license, othe |
| St | tatement of Educational Purp | oose | |
| certify that I(Print Name) Federal student financial assistance I may receiv Cleveland State University for 2023-2024. | am the individual signing this we will only be used for educational p | _ | |
| develand state University for 2023-2024. | | | |
| *(Student's Signature) | CSU ID Number | (Date) | |
| *Institutional Official (Signature) | | Date | |
| Institutional Official (Print Name) | | | |

Note: This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable and will delay processing

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