

Student Name:

Financial Aid Office Submit form by mail: PO Box 2000, Cortland, NY 13045-0900

Cortland ID#: C00\_\_\_\_\_

## 2025-2026 Identity Verification and Statement of Educational Purpose

Your FAFSA was selected for verification. We are required to verify your identity and to collect your Statement of Educational Purpose.			
You can do this one of two ways:			
1.	Appear in person at SUNY Cortland's Financial Aid Office with page government-issued photo identification (ID), such as but not limited issued ID, or passport.		
2.	If you are unable to appear in person, page two of this document me mailed to SUNY Cortland's Financial Aid Office along with a copy of identification (ID), such as but not limited to: a driver's license, other	a valid government-issued photo	
The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.			
In addition, the student must sign, in the presence of the institutional official, the following:			
Statement of Educational Purpose			
lo	certify that I(Print Student's Name)	am the individual signing this	
Statement of Educational Purpose and that the federal student financial aid I may receive will only be			
used for educational purposes and to pay the cost of attending the State University of New York at			
Cortland for 2025-2026.			
Studen	nt Signature ( <i>must sign at time of appearance</i> )	Date	
Financial Aid Office use only:			
I have reviewed the valid government issued photo ID for the student listed above a copy is attached to this form.			
Name of Institutional Official:			
Date received:			



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Student Name:	Cortland ID#: C00		
If unable to appear in person at SUNY Coi	rtland's Financial Aid Office, the student must provide:		
	) A copy of the unexpired, valid government-issued photo identification that is acknowledged in the notary statement below, such as but not limited to: a driver's license, other state-issued ID, or passport; and		
b) The original notarized Statement	of Educational Purpose provided below.		
Sta	atement of Educational Purpose		
	am the individual signing this Print Student's Name)		
Statement of Educational Purpose an	nd that the federal student financial aid I may receive will only be		
used for educational purposes and to	pay the cost of attending the State University of New York at		
Cortland for 2025-2026.			
Student Signature	 Date		
Notary	's Certificate of Acknowledgement		
State of	City/County of		
On	, before me,		
(Date)	(Notary's Name)		
personally appeared	, and provided to me (Printed Name of Signer)		
on basis of satisfactory evidence of i	(Type of Government-Issued Photo ID Provided)		
to be the above-named person who	signed the foregoing instrument. Witness my hand and official seal.		
(Seal)	(Notary Signature)		
	Commission expires on(Date)		
	Please return completed form to: SUNY Cortland Financial Aid Office PO Box 2000 Cortland, NY 13045		