

## 2024 - 2025 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

Please complete this form using ink. Electronic or typed signatures are unacceptable.

All students that take class(es) at the SUNY Poly site in Utica are required to complete this form in the presence of a Financial Aid Office staff member.		
The Financial Aid Office at SUNY Polytechnic selected for verification.	Institute has been r	notified that your FAFSA has been
You will need to provide an unexpired valid gove limited to, a driver's license, non-driver's identification	•	
In addition, you must sign, in the presence of	a Financial Aid Offic	e staff member, the following:
Statement of	of Educational Pr	<u>urpose</u>
I certify that I,	he Federal student f	inancial assistance I may receive will
	U00	
Student's Signature	SUNY Poly ID #	Date
FOF	R OFFICE USE ONLY	
Name of financial aid representative who verified form	m & ID	 Date
Attached signed an	d dated copy of govern	ment-issued ID