

2023 - 2024 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 SLINY Poly site in Albany or are online/distance learners

| are required to complete this form in the presence of a Notary. | |
|---|---|
| | olytechnic Institute has been notified that your FAFSA has been selected for |
| limited to, a driver's license, non-dr | red valid government-issued photo identification (ID), such as, but not iver's identification card, other State-issued ID or U.S. passport. Statement of Educational Purpose to the Financial Aid Office. |
| | Statement of Educational Purpose |
| Statement of Educational Purpos | , am the individual signing this tudent's Name se and that the Federal student financial assistance I may receive will rposes and to pay the cost of attending SUNY Polytechnic Institute fo |
| | <u>U00</u> |
| Student's Signature | SUNY Poly ID # Date |
| <u>No</u> | tary's Certificate of Acknowledgement |
| State of | City/County of |
| on, before me, _ | Printed Notary's Name |
| Date | Printed Notary's Name |
| personally appeared | Printed Name of Signer , and provided to me |
| on basis of satisfactory evidence | |
| | Type of government issued photo ID provided |
| to be the above-named person v | who signed the foregoing instrument. |
| WITNESS my hand and official (Seal) | Seal Notary's Signature |
| | My commission expires on |
| | Date |