**Financial Aid Office**
2121 Euclid Avenue, Cleveland, OH 44115
Phone 216-687-5411

# 2024-2025 Identity and Statement of Educational Purpose
# (To Be Signed at the Institution)

| Last Name | First Name | CSU ID # |
|---|---|---|
| | | |

You are required to appear in person at Cleveland State University, in the offices of Campus 411 All-in-1, to verify your identity. You **MUST** present an **unexpired** valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport. The university will maintain a copy of your photo ID. **No e-mail or faxed documents can be used to satisfy verification requirements for the Statement of Educational Purpose.**

In addition, you **must** sign this form in the presence of the institutional official.

## Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the
(Print Name)
Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

Cleveland State University for 2024-2025.

| *(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****

Revised 03/29/2024