



**Identity and Statement of Educational Purpose
2025-2026**

(To be signed in the presence of a Notary)

If the student is unable to appear in person at the Financial Aid Office at SUNY Downstate Health Sciences University to verify their identity, the student must provide:

- a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the State of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Downstate for the 2025-2026 award year.

(Student's Signature)

(Date)

Downstate ID #

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____
(Date) (Notary's name)

personally appeared _____ and proved to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____,
(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)

My commission expires on _____
(Date)



Identity and Statement of Educational Purpose 2025-2026

The student must appear in person at Financial Aid Office at the SUNY Downstate Health Sciences University to verify his or her identity by presenting 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 institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, 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

I certify that I, _____, am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending SUNY Downstate Health Sciences University for **2025-2026**.

(Student's Signature)

(Date)

Downstate ID #

(Print Name of Financial Aid Official)

(Date)

(Signature of Financial Aid Official)