



**Identity and Statement of Educational Purpose
2026-2027**

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 **2026-2027**.

(Student's Signature)

(Date)

Downstate ID #

(Print Name of Financial Aid Official)

(Date)

(Signature of Financial Aid Official)