

Document number

OF EDUCATIONAL PURPOSE 2023-2024

Office of Student Financial Services 200 Hawk Drive, New Paltz, NY 12561-2438 Ph: 845-257-3250 • Fax: 845-257-3568

Student's Name	Student ID
an unexpired valid government-issued photo other State-issued identification, or U.S. passpo complete the statement below before any finance 5:00p.m. during fall and spring semesters and 8:	appear in person at SUNY New Paltz to verify his or her identity by presenting o identification (ID), such as a driver's license, non-driver's identification card, ort. You will need to bring your ID to the Student Financial Services Office and cial aid can be awarded. Normal business hours are Monday – Friday 8:30 a.m.–:00 a.m.–4:00 p.m. during summer and winter break. You may want to verify ase do not sign the statement below before arriving in Student Financial
STATEMENT OF EDUCATIONAL PURPOS	SE
certify that I (print student's name)his Statement of Educational Purpose and that educational purposes and to pay the cost of atte	the Federal student financial assistance I may receive will only be used for
Student's Signature	Date
OFFICE USE ONLY	
Witnessed and reviewed by	
Signature of certified staff person	Printed name of certified staff person
Title	ID presented
	Copy enclosed Yes No No