

P.O. Box 1017 • Binghamton, New York 13902 Voice: (607) 778-5028 Fax: (607) 778-5536

## **Identity and Statement of Educational Purpose**

(To Be Signed With Notary)

If the student is unable to appear in person at the Financial Aid Office at SUNY Broome Community College to verify his or her identity, the student must provide:

- (a) A notarized copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

  AND
- (b) This original notarized Statement of Educational Purpose must be submitted. \*copies or faxes will not be accepted.

## **Statement of Educational Purpose**

I certify that I	am the individual s	igning this Statement of Educational
Purpose and that the federal student financial assist and to pay the cost of attending SUNY Broome Cor	ance I may receive	will only be used for educational purpose
		<u>B</u>
(Student's Signature)	(Date)	B(Broome ID Number)
Notary's Certif	ficate of Acknowled	gment
State of		
City/County of		
	re me,, (Notary's name)	
personally appeared,(Printed name o	f signer)	, and proved to me
on basis of satisfactory evidence of identification _	(Type of governme	ent-issued photo ID provided)
to be the above-named person who signed the foreg	oing instrument.	
WITNESS my hand and official seal		
(Notary signature)		
My commission expires on	-	
		(seal)