

Document number

OF EDUCATIONAL PURPOSE 2025-2026

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

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Student's Name	Student ID
an unexpired valid government-issued photo other State-issued identification, or U.S. passpor complete the statement below before any financ 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 identification (ID), such as a driver's license, non-driver's identification card, rt. 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
I certify that I (print student's name) this Statement of Educational Purpose and that educational purposes and to pay the cost of atter	the Federal student financial assistance I may receive will only be used for nding SUNY New Paltz for 2025-2026.
Student's Signature	Date
OFFICE USE ONLY	
Witnessed and reviewed by	Date
Signature of certified staff person	Printed name of certified staff person
Title	ID presented
	Copy enclosed Yes No No