



2026-2027 Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)

*The student must appear in person at SUNY Westchester Community College and present valid government-issued photo identification, such as a driver's license, state-issued ID, or passport. The institution will retain a copy of the student's photo ID, annotated with the date received and the name of the authorized institutional official who collected the ID.*

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**Statement Of Educational Purpose**

I certify that I, \_\_\_\_\_ (Print Name), (Student ID Number) \_\_\_\_\_, am the individual signing this Statement of Educational Purpose, and that any federal student financial assistance I receive will be used only for educational purposes and to pay the cost of attending:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR INSTITUTIONAL USE ONLY**

Authorized Official Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Official Signature: \_\_\_\_\_



2026-2027 Identity and Statement of Educational Purpose  
(To Be Signed With Notary)

*If the student is unable to appear in person at SUNY Westchester Community College to verify their identity, the student may provide the institution with the original notarized Statement of Educational Purpose*

**Statement Of Educational Purpose**

I certify that I, \_\_\_\_\_ (Print Student’s Name), (Student ID Number) \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive at SUNY Westchester Community College will only be used for educational purposes and to pay the cost of attending:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT**

*Note: Please ensure all fields are completed and legible before submitting this form.*

State of: \_\_\_\_\_ City/County of: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,

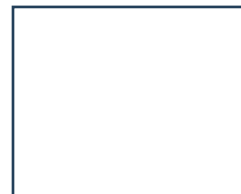
\_\_\_\_\_, appeared before me, the undersigned Notary

\_\_\_\_\_, (Notary’s Name) and provided satisfactory evidence of identification to be the above-named person who signed this document.

**Witness my hand and official seal:**

Notary Signature: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_



(Seal)