Office of Financial Aid and Scholarship Services  
Notarized Identity and Statement of Educational Purpose Form 2017-2018  
To be signed in the Presence of a Notary  

Our records indicate that you are unable to appear in person at Stony Brook University to verify your identity. Federal Financial Aid will not be processed until you provide the following documents to the University:

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

b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I ________________________________ am the individual signing ________________________________
(Print Student’s Name)

I certify that ________________________________ am the individual signing ________________________________
(Print Student’s Name)

this 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 ________________________________ for 2017-2018.
(Name of Postsecondary Educational Institution)

______________________________
(Student’s Signature)

______________________________
(Student’s ID Number)

______________________________
(Date)

Notary’s Certificate of Acknowledgement

State of ________________________________
City/County of ________________________________

On ________________________________, before me, ________________________________
(Date) (Notary’s name)

Personally appeared, ________________________________, and proved to me ________________________________
(Printed name of signer)

On the basis of satisfactory evidence of identification ________________________________
(Type of unexpired government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

Witness my hand and official seal
(seal)

______________________________
(Notary Signature)

My commission expires on ________________________________
(Date)
Mail this **ORIGINAL** form along with a copy of the photo ID that was presented to the notary, and proof of student’s high school graduation (copy of diploma or transcript indicating date of graduation).

**Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition**  
Mail to:  
Health Sciences Office of Student Services  
Health Sciences Tower  
Level 2, Room 271  
Stony Brook, NY 11794-8276

**All other Undergraduate and Graduate Programs**  
Mail to:  
Office of Financial Aid and Scholarship Services  
Administration Building, Room 180  
Stony Brook, NY 11794-0851

**School of Dental Medicine**  
Mail to:  
Office of the Dean, Dental School  
148 Rockland Hall  
Stony Brook, NY 11794-8276

**School of Medicine**  
Mail to:  
Office of Student Affairs  
Stony Brook University School of Medicine  
HST Level 4, Room 147  
Stony Brook, NY 11794-8436