## Office of Financial Aid

6 Pennyfield Avenue • Throggs Neck, NY • 10465
Tel: 718-409-7200 • Fax: 718-409-7275 • Email: financialaid@sunymaritime.edu

## 2017-2018 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE VERIFICATION

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". We are required to verify your identity and to collect your Statement of Education Purpose.

You can do this one of two ways; 1. Appear in person at SUNY Maritime's Financial Aid Office with page one of this form and a valid government-issued photo identification. 2. If you are

unable to appear in person then page two of this document must be completed and the original mailed to SUNY Maritime's Financial Aid Office along with a copy of a valid governmentissued photo identification.

Complete this verification request as soon as possible to prevent delays in the receipt of your financial aid award.

Last Name	First Name	M.I.	Maritime ID#
Street Address (incl	ude apt. no.)		Phone Number (include area code)
City	State	Zip Code	
B. Identity/St	atement of Educationa	al Purpose	
Identity/States	ant of Educational Bu	rnoco (To Po Signod	N-PERSON at Maritime College)
identity/Staten	ient of Educational Pu	rpose (10 be Signed)	N-PERSON at Maritime College)
copy of the studen authorized to colle	t's photo ID that is annotated ct the student's ID.  ust sign, in the presence of the	d with the date it was receivness.	r state-issued ID, or passport. The College will maintain a red and the name of the official at the institution ollowing:
Stateme	nt of Educational Purpose		
I certify th			al signing this Statement of Educational Purpose and that
	(Print Student's Nai al student financial assistance SUNY Maritime College for 2	e I may receive will only be u	used for educational purposes and to pay the cost of
	Signature	Date	
Student's	J.B. Matare		
Student's	J.g. included		
Student's Staff Initials & D			

	nt-issued photo identification (ID) that is acknowledged in the notary statement below iver's license, other state-issued ID, or passport; and
	nt of Educational Purpose provided below.
Statement of Educational Po	ose
·	am the individual signing this Statement of Educational Purpose and the Statement of Educational Purpose and the Statement of Educational Purpose and the Statement of Educational Purposes and to pay the cost of Educational Purposes and the Educational Purpose and the Education Purpose and Purpos
attending SUNY Maritime Colle	
attending <u>SUNY Maritime Colle</u> Student's Signature	Tor 2017-2018.
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Student's Signature  Notary's Certificate of Acknowledge  Notary Certificate of Acknowledge  Notary Certificate of Acknowledge  Notary Certificate of Certificate of Acknowledge  Notary Certificate of Certificate of Certificate of Certificate Other Certi	Tor 2017-2018.  Date  ledgement
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Student's Signature  Notary's Certificate of Acknowledge State of City/County of	Date  ledgement  before me
Student's Signature  Notary's Certificate of Acknowledge State of City/County of	Date  ledgement  before me
Student's Signature  Notary's Certificate of Acknown State of City/County of On (Date) personally appeared,	Date  ledgement, before me,, (Notary's name), and provided to me  (Printed name of signer)
Student's Signature  Notary's Certificate of Acknown State of City/County of On (Date) personally appeared,	Date  ledgement , before me,,  (Notary's name), and provided to me  (Printed name of signer) ridence of identification
Student's Signature  Notary's Certificate of Acknown State of	Date  ledgement, before me,, (Notary's name), and provided to me  (Printed name of signer)
Student's Signature  Notary's Certificate of Acknown State of	Date    Ledgement
Student's Signature  Notary's Certificate of Acknown State of	Date    Ledgement

(Date)

STUDENT NAME \_\_\_\_\_ Maritime ID# \_\_\_\_\_

## Please return completed form to:

SUNY Maritime College Financial Aid Office 6 Pennyfield Avenue Throggs Neck, NY 10465