Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108 617-573-8470 • 617-720-3579 (fax)

2020 – 2021 Certificate of ID and Statement of Educational Purpose Affidavit

and a 'statement of edu	icational purpose' to the un	ired to submit 'proof of identity' iversity. In order to comply with bmit it with a copy of your valid
I certify that I, student's full name) signing this statement.		, am the individual (print
identification beari of the original docu Please indicate the name, ex	ment issued to me.	is a true, exact and complete copy of the valid government issued ID you are
NAME OF VALID PHOTO ID	EXPIRATION DATE OF VALID PHOTO ID	ISSUING AUTHORITY OF VALID PHOTO ID
may receive will on	· · · · · · · · · · · · · · · · · · ·	al student financial assistance I urposes and to pay the cost of academic year.
fine or imprisonment and	_	nation or documents is punishable by ayment of any funds received on the ed.
Please sign below and a form.	attach copies of your valid p	hoto ID when you submit this
Student's Signature	Student's ID N	lumber

Date