

Please contact our office if you need assistance completing this form.

**Suffolk University**

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

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**2022 – 2023 Certificate of ID and Statement of Educational Purpose  
Affidavit**

**According to your 2022-2023 FAFSA you are required to submit ‘proof of identity’ and a ‘statement of educational purpose’ to the university. In order to comply with this requirement, please complete this form and submit it with a copy of your valid photo ID.**

I certify that I, \_\_\_\_\_, am the individual (**print student’s full name**) signing this statement.

- **My signature below certifies that the attached government issued photo identification bearing my portrait (or likeness) is a true, exact and complete copy of the original document issued to me.**

*Please indicate the name, expiration date and issuing authority of the valid government issued ID you are submitting such as, but not limited to, a driver’s license, other state-issued ID, or passport.*

<b>NAME OF VALID PHOTO ID</b>	<b>EXPIRATION DATE OF VALID PHOTO ID</b>	<b>ISSUING AUTHORITY OF VALID PHOTO ID</b>

- **My signature below also certifies that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Suffolk University for the 2022-2023 academic year.**

I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.

**Please sign below and attach copies of your valid photo ID when you submit this form.**

\_\_\_\_\_  
**Student’s Signature (this must be a ‘wet’ signature)**

\_\_\_\_\_  
**Student’s ID Number**

\_\_\_\_\_  
**Date**