

Please submit this document to your respective Financial Aid Office.

STFP 1	– STUD	FNT INF	ORMA	TION
<b>UILI</b> I	0100			

Last Name	First Name		Social Security Number	Student ID Number		
Permanent Address	Street & Nu	ımber	City/State/Zip	Date of Birth		
Local Phone Number (Include Area Co	ode) Permanent	Phone Number (Include Ar	ea Code)	Email Address		
			(			
			IAL PURPOSE (To Be ify your identity, you must			
(a) Original unexpired v	alid government-issued pho	oto identification (I	D)			
			hich must be completed in-persicial aid office for your school.	son at Columbia		
	Statement	of Educati	onal Purpose			
I certify that I	ertify that Iam the individual signing this Statement of Educational Purpose and that					
the federal student finance	cial assistance I may receive	e will only be used	for educational purposes and	to pay the cost of		
attending Columbia Unive	ersity for 2023-2024.					
Student Signature		Date	Student ID Numbe	er		
STEP 3 - CERTIFIC	ATION					
By signing this workshe	eet, I certify all the informa	ition reported is	complete and correct:			
Student Signature	Date	Student	Name (Please Print) S	tudent ID Number		

**NOTE:** Additional documents and/or information beyond those listed in this form may be needed to satisfy the requirements of Verification. Your respective Financial Aid Office will notify you of additional requirements, if applicable.