

NAME _____

ID NUMBER _____

IDENTITY

The student must appear in person at Andrews University to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as but not limited to, a driver's license, non-driver's identification card, other state-issued ID, or passport. The institution will maintain an annotated copy of the unexpired valid government-issued student's photo ID which includes the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

STATEMENT of EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose
(print student's name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Andrews University for 2023-2024.

Student must sign in presence of Student Financial Services Official.

Student's signature _____

Date _____

Type of ID _____

Photo ID verified and copied.

SFS Signature _____

Date _____

Printed Name _____

**DO NOT FAX OR SCAN.
ORIGINAL DOCUMENTS ONLY**

Mail to: Andrews University
Office of Student Financial Services
4150 Administration Drive
Berrien Springs, MI 49104-0750

Phone: 269.471.3334
Email: sfs@andrews.edu
Web: www.andrews.edu/sfs