

THIS DOCUMENT MUST BE SUBMITTED AS AN ORIGINAL. DO NOT FAX OR SCAN.

IDENTITY and STATEMENT of EDUCATIONAL PURPOSE

The student must appear in person at Andrews University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with 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
(Print Student's Name)
Educational Purpose 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 2014-2015.

STUDENT'S SIGNATURE _____

STUDENT'S ID NUMBER _____ DATE _____

OFFICE USE ONLY

Photo ID verified and copied. Type of ID Presented _____

AUTHORIZED SFS SIGNATURE _____ DATE _____

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

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