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

IDENTITY and STATEMENT of EDUCATIONAL PURPOSE

If the student is unable to appear in person at Andrews University to verify his or her identity, the student must provide:

A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and

> The original notarized Statement of Educational Purpose provided below. To be signed only in presence of Notary.

STATEMENT of EDUCATIONAL PURPOSE

Γ

	I certify that Iam the individual signing this Statement of (Print Student's Name)		tatement of	
	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)	
	Y'S CERTIFICATE OF ACKNOWLEDG			
On	, before me,		, personal	ly appeared,
(Date) (Notary's nam		(Notary's name)		
		, and proved to me on	basis of satisfactory evidenc	e of Identification
	(Printed name of signer)			
(Type of g	to be the covernment-issued photo ID provided)	e above-named person who si	gned the foregoing instrume	nt.
WITNESS my hand and official seal:			My commission expires on	
		(Notary signature)		(Date)
SEAL♣				

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