## STATEMENT of EDUCATIONAL PURPOSE-INSTITUTION

**Phone:** 269.471.3334

Web:

Email: sfs@andrews.edu

www.andrews.edu/sfs

## 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 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(print student's name) and that the federal student financial assistance I may receive wattending Andrews University for 2017-2018.		
The student must sign, in the presence of a Studen	t Financial Services offici	al.
Student's signature	Date	ID number
☐ Photo ID verified and copied.		Type of ID
SFS Signature		Date
Printed Name		

Mail to: Andrews University

Office of Student Financial Services
4150 Administration Drive

4150 Administration Drive Berrien Springs, MI 49104-0750