

## 2022-2023 STATEMENT of EDUCATIONAL PURPOSE: INSTITUTION

NAME	ID NUMBER	
IDENTITY		
government-issued photo identification (ID state-issued ID, or passport. The institu	andrews University to verify his or her identity by presenting an unit o), such as but not limited to, a driver's license, non-driver's identification tion will maintain an annotated copy of the unexpired valid govern e it was received and the name of the official at the institution authoris	on card, other nment-issued
In addition, the student must sign, in the p	resence of the institutional official, the following:	
STATEMENT of EDUCATIONAL P	URPOSE	
I certify that I	am the individual signing this Statement of Education nee I may receive will only be used for educational purposes and to pay the 3.	nal Purpose se cost of
Student must sig	n 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

Web:

Email: <a href="mailto:sfs@andrews.edu">sfs@andrews.edu</a>

www.andrews.edu/sfs