

NAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

**IDENTITY**

**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 unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, non-driver's identification card, 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**

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 2022-2023.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(date) (notary's name)

\_\_\_\_\_, and proved to me on basis of satisfactory evidence of Identification  
(printed name of signer)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of unexpired valid government-issued photo ID provided)

**WITNESS my hand and official seal:** \_\_\_\_\_  
(notary signature)

My commission expires on \_\_\_\_\_  
(date)

SEAL ↻

**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](mailto:sfs@andrews.edu)  
**Web:** [www.andrews.edu/sfs](http://www.andrews.edu/sfs)