



_____		_____		_____	
Name		ID#		Date of Birth	
_____		_____		_____	
Address	City	State	Zip Code	Phone Number	

**Instructions: Please complete Section 1 OR 2.**

**1) You must appear in person at SOUTHWESTERN ADVENTIST UNIVERSITY Student Financial Services to verify your 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. SOUTHWESTERN will maintain a copy of your photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at SOUTHWESTERN authorized to collect your ID.**

In addition, the student must **sign, in the presence of the school official**, the Statement of Education Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
 (Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending SOUTHWESTERN ADVENTIST UNIVERSITY for 2024-2025.

_____	_____	_____
(Student's Signature)	(ID Number)	(Date)
_____	_____	_____
(Authorized Southwestern Official's Signature)		(Date)

**2) If you are unable to appear in person at Southwestern Adventist University to verify your identity, you must provide:**

- a) **A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to a driver's license, other state-issued ID, or passport; and**
- b) **The original Statement of Education Purpose which is provided below, must be signed and notarized.**

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
 (Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending SOUTHWESTERN ADVENTIST UNIVERSITY for 2023-2024.

**Notary's Certificate of Acknowledgment**

State of \_\_\_\_\_  
 City/County of \_\_\_\_\_  
 On \_\_\_\_\_, before me, \_\_\_\_\_  
 (Date) (Notary's name)

Personally appeared \_\_\_\_\_ and proved to me  
 (Printed name of signer)

On the basis of satisfactory evidence of identification \_\_\_\_\_  
 (Type of government-issued photo ID provided)



To be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

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

Notary Stamp or Seal (If Applicable)