SOUTHWESTERN ADVENTIST UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

2026-2027

PERSONALLY IDENTIFIABLE INFORMATION

_____ _____ _____
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 Statement of Educational Purpose
(Print Student's Name)
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 2026-2027.

_____ _____ _____
(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 Statement of Educational Purpose
(Print Student's Name)
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 2026-2027.

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)