

2023-2024 STATEMENT of EDUCATIONAL PURPOSE  
INSTITUTION/NOTARY

NAME \_\_\_\_\_  
IDENTITY \_\_\_\_\_

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

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

STATEMENT of EDUCATIONAL PURPOSE Student must sign in the presence of an SFS Official or Notary.

¼ Student's signature \_\_\_\_\_

Date \_\_\_\_\_

¼ SFS Staff signature \_\_\_\_\_

Date \_\_\_\_\_

¼ SFS printed name \_\_\_\_\_

¼ Type of ID \_\_\_\_\_

† Photo ID verified and copied.

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 abovenamed person who signed the foregoing instrument.  
(Type of unexpired valid government issued photo ID provided)

WITNESS my hand and official seal: \_\_\_\_\_ My commission expires on \_\_\_\_\_  
(notary signature) (date)