STUDENT **FINANCIAL SERVICES**
3307 Third Avenue West, Suite 114 Seattle, WA 98119
T 206-281-2061 *or* 800-737-8826 | **F** 206-281-2835 | sfs-info@spu.edu | spu.edu/sfs

Engaging the culture, changing the world®
Seattle Pacific UNIVERSITY

2015 - 2016 Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

STUDENT NAME: _____ SPU ID: _____

You must appear in person at Seattle Pacific 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. SPU will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

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 educational purposes and to pay the cost of attending

_____ for 2015-2016.
(Name of Postsecondary Educational Institution)

By signing this Verification Statement, I attest that all information reported on this form is true and complete to the best of our knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____
Student Signature Date Phone Email

OFFICE USE ONLY

SFS Coordinator: Please make a copy of the identity document and annotate it with the date and your name and signature. Sign and date this form indicating that you witnessed the completion of the form and the student's signature.

_____ _____
SFS Coordinator signature Date