



Please complete in blue or black ink.
Typed/electronic signatures will not be
accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

E sfs-info@spu.edu F 206-281-2835

3307 Third Avenue West, Suite 114, Seattle, Washington 98119

SPU.EDU/SFS

2020 - 2021 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 2020-2021.
(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