

I certify that I

Office of Financial Aid & Scholarships 316 Boulevard Anderson, S.C. 29621 Direct 864.231.7555 Fax 864.540.8361 aid.andersonuniversity.edu

aid@andersonuniversity.edu

2024-2025 **ID Statement** 

## **Identity and Statement of Educational Purpose** (To Be Signed at the Institution)

The student must appear in person at Anderson University to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose** 

## 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 Anderson University for 2024-2025.

(Date)

(Student's Signature)
(Student's ID Number)
Anderson University's Certificate of Acknowledgment
Anderson University's definitions of Administration
Date document and ID received
Staff Mambar Signatura
Staff Member Signature