



# Statement of Educational Purpose Verification Document 2023-2024

Revised: 10/17/22 – V4 & V5

When selected for verification by the FAFSA, SAGU is required to collect additional documentation to verify that you are eligible to receive federal aid. Based on your FAFSA, we must confirm that any financial assistance you receive will be used only for educational purposes and to pay the cost of attending SAGU. Please complete the information below. If you cannot submit this form in person immediately, you must use a public notary.

## Student's Information:

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Statement of Educational Purpose Verification:

The student must appear in person at SAGU to verify his or her identity by presenting a valid government-issued photo 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID. **If you cannot appear in person to submit this document, you will need to provide a copy of your government issued ID and this document notarized by a public notary.** The student must sign, in the presence of the institutional official or public notary, the following:

### **Statement of Educational Purpose:**

I certify that I, (*print student's name*) \_\_\_\_\_, am the individual signing this 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 Southwestern Assemblies of God University for 2023-2024.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Notary's Certificate of Knowledge**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

before me \_\_\_\_\_ personally appeared, \_\_\_\_\_  
(Notary's Name) (Printed Name of Signer)

and provided to me on 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) (Seal)

My commission expires on \_\_\_\_\_  
(Date)

**NOTE:** A notarized form must be submitted via mail. Electronic copies are not permitted. If your form is not notarized, you must present it in person at the Financial Aid Office. **Mail:** SAGU Financial Aid, 1200 Sycamore St, Waxahachie, TX 75165