



Statement of Educational Purpose Verification Document 2024-2025

Revised: 3/28/24 – V4 & V5

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. You must submit this form in person or 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 Southwestern Assemblies of God University (SAGU) 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. ***If the student is unable to appear in person at SAGU to verify his or her identity, the student must provide to the institution a copy of your unexpired valid government-issued ID and this original 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 SAGU for 2024-2025.

Student's Signature _____ Date _____

Financial Aid Administrator's Signature _____ Date _____

Notary's Certificate of Knowledge

State of _____ City/County of _____ On _____,
(Date)

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

and proved to me because 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