

2025-2026 V4 Custom Verification Worksheet

A. Student Information

Full Name:	ull Name: Last 4 of SSN:			
Home Address:		Date of Birth:		
City:	State:	Zip Code:		
Phone Number:	E-mail Add	E-mail Address:		
B. High School Completion Status				
Submit your high school transcript that include after your graduation occurs. Mark the box of		f your graduation is pending please wait until you will be submitting.		
☐ Transcript with graduation date ha	s already been submitte	ed to Southern Adventist University's Admissions		
Office	•	,		
	OR			
☐ Copy of the student's high school of	dinloma			
☐ Copy of the high school transcript that included the date the high school diploma was awarded				
☐ A secondary school completion credential for home school provided for under State Law				
☐ Transcript or the equivalent, signed by the parent or guardian responsible for homeschooling, that lists the				
secondary school courses completed by the applicant and documents the completion of a secondary school				
education	, , , , , , , , , , , , , , , , , , , ,	,		
☐ General Education Developmental	Certificate (GED)			
☐ Certificate recognized by the state	as an equivalent to a d	Jiploma		
☐ Academic transcript that shows completion of at least a two-year program acceptable for credit towards a				
BS degree				

C. Statement of Educational Purpose

Statement of Educational Purpose

Do not complete this section in advance. This section must be completed and signed:

- In the presence of an approved representative of the Financial Aid Office if you are submitting this paperwork in person to the Financial Aid Office; OR
- In the presence of a Notary Public if you are not submitting this paperwork to the Financial Aid Office

Identity and Statement of Educational Purpose

(Complete only if signing in the Financial Aid Office)

You must appear in person at <u>Southern Adventist University</u> to verify you 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. The institutional 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 your ID.

In addition, you must sign, in the presence of the institutional official, the following:

I certify that I 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 Southern Adventist University for the academic year.					
Student's Signature	Student	ID #	Date		
F. Certifications and Signatures					
Each person signing this form certifies that al student and at least one parent (if student is opurposefully give false or misleading informat or both.	dependent) must sign	n and date. WAR I	NING: If you		
Student	 Date	SAU ID #	‡		
Parent (dependent students only)	 Date				

Identity and Statement of Educational Purpose (Complete only if signing with Notary and not in the FA Office)

If you are unable to appear in person at <u>Southern Adventist University</u> to verify your identity you must provide:

- A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- The original notarized Statement of Educational Purpose provided below.

I certify that I Educational Purpose and that the federal student educational purposes and to pay the cost of atteryear.	am the individual financial assistance I m nding <u>Southern Adventis</u>	signing this Statement of nay receive will only be used for the definition of the de
Student's Signature	Student ID #	Date
Notary's Certific	cate of Acknowledgem	ient
State of		
City/County of		
On, before me,(Nate)		me on books of actisfactory
(Date) (N	lotary's Name)	me on book of actiofactors
personally appeared,	, and provided to	THE OH Dasis OF Salistaciony
evidence of identification	to be the above	-named person who signed
(Type of ID provided)		
the foregoing instrument.		
WITNESS my hand and official seal (seal)	(Notary signature)	
My commission expires on(Date)	_	