



2016-2017 Identity/Statement of Educational Purpose Form

Please return this form the Office of Financial Aid at Samford University and be prepared to provide a valid government-issued photo identification (ID) such as a driver's license, other state-issued ID, or passport.

Statement of Educational Purpose

I certify that I (print your 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 Samford University for 2016-2017.

Student Signature: (required)_____ Date: _____

Samford ID#: (required) _____

PLEASE NOTE: If you cannot bring this form to our office in person, please contact us for further instructions. We may be reached at (205) 726-2905 Monday through Friday 8:00 am to 4:30 pm CST.

For office use only:

Documents received by:_____ Date received:_____