

Identity and Statement of Educational Purpose

Office of Student Financial Services
P. O. Box 20036 • Houston, TX 77225
(713) 500-3860 phone • (713) 500-3863 fax
<https://www.uth.edu/sfs/>

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In-Person

Your 2025–2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal regulations require this institution to verify the information you reported on your FAFSA with the information reported on this worksheet. If there are differences, we may be required to correct your FAFSA information. Failure to submit this information will prohibit your federal aid from disbursing to your student account. Please present copy of government-issued photo ID and return form **in person** to Office of Student Financial Services.

Submit form in person: UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

COMPLETE ALL SECTIONS

Student Last Name

First Name

Middle Initial

A. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

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

The student must appear in person at _____
(Name of Postsecondary Educational Institution)

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

I certify that I, _____,
(Print Student's Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and

to pay the cost of attending _____ for 2025-2026.
(Name of Postsecondary Educational Institution)

B. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, sent to prison, or both.

Student Signature

Date

School Official Signature/Printed Name

Date

Office Use Only

Document received:

Driver's License: _____

Passport: _____

State ID: _____

Other: _____