## **2024-2025** FAIDST

## **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/

Student ID						
	J	Juli	Studen	Student II	Student ID	

## **In-Person**

Your 2024–2025 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

	COMPLE	TE ALL SECTIONS			
Student Last Name		First Name	Middle Initial		
A. IDENTITY AND STA	ATEMENT OF EDUCATIONA	AL PURPOSE			
	_	nt of Educational Purpose I at the Institution)			
he student must appear in p	erson at	(Name of Postsecondary Educational	al Institution)		
imited to, a driver's license, on that is annotated by the	other state-issued ID, or pass	lid government-issued photo in port. The institution will main as received and reviewed, ar	dentification (ID), such as, but no tain a copy of the student's phot nd the name of the official at th		
n addition, the student must spelow.	sign, in the presence of the ins	titutional official, the Statemer	nt of Educational Purpose provide		
	Statement of E	ducational Purpose			
certify that I,(Print Stud	dent's Name)	e individual signing this State	ment of Educational Purpose and		
hat the Federal student finan	cial assistance I may receive	will only be used for education	nal purposes and to		
pay the cost of attending	condary Educational Institution)	for 2024-2025.			
B. CERTIFICATON AN	,				
Each person signing below conformation reported is compl	ertifies that all of the		purposely give false or nation you may be fined, sent		
tudent Signature		Date	Date		
chool Official Signature/Printed Name		Date			
Office Use Only  Document received:	Driver's License:	Passport:			
	State ID:	Other:			