

University of Houston-Victoria
Office of Financial Aid

3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731
Phone: 361-570-4125 Fax: 361-580-5555 Email: finaid@uhv.edu

2023-2024 Verification Worksheet-V4

Name: _____ UHV ID: _____

Date of Birth: _____ Student Phone Number: _____

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit them to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

You must appear in person or have the following statement notarized. Please check the box indicating your preference.

1. To Be Signed at the Institution

The student must appear in person at the University of Houston-Victoria 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 _____ am the individual signing
(Print Student’s Name)

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 University of Houston-Victoria for 2023-2024.

(Student’s Signature) (Student ID Number) (Date)

For Office use Only:

(Signature of Staff Member that Collected Form) (Form of ID) (Date Collected)

Identity and Statement of Educational Purpose

2. To Be Signed in the Presence of a Notary

If the student is unable to appear in person at the University of Houston-Victoria to verify his or her identity, you must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student’s Name)

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 University of Houston-Victoria for 2023-2024.

(Student’s Signature) (Student ID Number) (Date)

Notary’s Certificate of Acknowledgement
Notary’s certification may vary by State

State of _____

City/County of _____

On, _____, before me, _____ and proved
(Date) (Notary’s name)

to me because of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(seal) (Notary signature)

My commission expires on _____
(Date)

C. CERTIFICATIONS 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.

Signature of Student: _____ **Date:** _____

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.