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

2025-2026 Verification Worksheet-V4

ame:	UHV ID:	
Pate of Birth:	Student Phone Number:	
ays that before awarding Federal Student Aid, we hat you provided correct information, we will count with any other required documents. If there are complete and sign this institutional verification described	dent Aid (FAFSA) was selected for review in a pro- e may ask you to confirm the information you repo- mpare your FAFSA with the information on this in re differences, your FAFSA information may need ocument, attach any required documents, and subn- at verification, contact us as soon as possible so the	orted on your FAFSA. To verify a stitutional verification document d to be corrected. You must nit them to us. We may ask for
DENTITY AND STATEMENT OF EDUCAT	TIONAL PURPOSE	
You must appear in person or have the followi	ng statement notarized. Please check the box inc	licating your preference.
1. To Be Signed at the Institution		
government-issued photo identification (ID), such	ity of Houston-Victoria to verify his or her identity as, but not limited to, a driver's license, other state oto ID that is annotated by the institution with the orized to receive and review the student's ID.	e-issued ID, or passport. The
n addition, the student must sign, in the presence	of the institutional official, the Statement of Educa	tional Purpose provided below:
	Statement of Educational Purpose	
I certify that I	am the individual signing	
	(Print Student's Name)	
	nat the Federal student financial assistance I may receive ttending University of Houston-Victoria for 2025-2026.	
(Student's Signature)	(Student ID Number)	(Date)
For Office use Only:		
		

(Form of ID)

(Date Collected)

(Signature of Staff Member that Collected Form)

Identity and Statement of Educational Purpose

	son at the University of Houston-	Victoria to verify his or he	er identity, you must provide to the
nstitution: (a) A copy of the unexpir statement below, or that is pread and	ed valid government-issued phoresented to a notary, such as, but	oto identification (ID) the not limited to, a driver's l	at is acknowledged in the notary icense, other state-issued ID, or passport
(b) The original Statement on a separate page than th Educational Purpose was the	ne Statement of Educational Pu	irpose, there must be cl	otarized. If the notary statement appears lear indication that the Statement of
I certify that I			am the individual signing this
	(Print Student's	Name)	
	rpose and that the Federal studen I to pay the cost of attending Univer		
(Student's Signature)	(Stud	lent ID Number)	(Date)
		e of Acknowledgement on may vary by State	
State of			
City/County of			
	, before me,	(Notary's name)	and proved
On,		•	
	factory evidence of identification		
to me because of satisf	factory evidence of identification ${(T)}$	ype of unexpired government	t-issued photo ID provided)
to me because of satisf	factory evidence of identification (T) d person who signed the foregoing in	ype of unexpired government astrument.	t-issued photo ID provided)
to me because of satisf	factory evidence of identification ${(T)}$	ype of unexpired government astrument.	i-issued photo ID provided)

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(Date)

C. <u>CERTIFICATIONS AND SIGNATURES:</u>

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:	
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.

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