



2022-2023 Identity and Statement of Educational Purpose

Student Name _____ Student ID# _____

Identity and Statement of Educational Purpose *(This form cannot be faxed, scanned or emailed to our office)*

The student must appear in person at **Texas Tech University Health Sciences Center** 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 this Statement of Educational		
(Print Student's Name)		
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		
Texas Tech University Health Sciences Center for 2022-2023.		
_____	_____	_____
(Student's Signature)	(Date)	(Student's ID Number)

If the student is unable to appear in person at **Texas Tech University Health Sciences Center** to verify his or her identity, the student must provide to the institution:

1. 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**
2. The original Statement of Education Purpose, which is provided above, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Notary's Certificate of Acknowledgement

State of _____ City/County of _____
On _____, before me, _____,
(Date) (Notary's name)
personally appeared, _____, and proved to me because of satisfactory evidence of
(Printed name of signer)
identification _____ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____ (Date)

To be completed by HSC Representative		For Financial Aid Office Use Only	
ID Type:		<input type="checkbox"/> RRAAREQ	<input type="checkbox"/> RNANAx Lock Current Record
ID Number:		<input type="checkbox"/> ROASTAT verification complete	<input type="checkbox"/> RHACOMM
		<input type="checkbox"/> Scan/Index	<input type="checkbox"/> Update FAA Access Identity Verif.
Received by:		Received by:	Date:
Title:			
Campus:		FAA Signature:	Date:
Signature:	Date:	AD Signature:	Date: