



UHCL - Office of Financial Aid
2024-2025
V4 - VERIFICATION WORKSHEET

Your application was selected for review in a process called “verification.” In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form. If there are differences between your application and the documents you submitted, corrections will be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible. Please monitor your UHCL WebMail account for any correspondence from the Office of Student Financial Aid.**

Instructions:

1. Complete this form (black or blue ink ONLY) with the required signatures.
2. Come to the University of Houston-Clear Lake, Office of Student Financial Aid with the documentation requested to complete this form.
3. Do not make any corrections to the FAFSA once you have submitted this form.

A: STUDENT INFORMATION:

Last Name

First Name

M.I.

UHCL Student ID Number

B: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

The student **must appear in person** at the University of Houston–Clear Lake 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 on the next page:

Please contact the Financial Aid Office by phone at 281-283-2480 to schedule an appointment to complete this section, or visit our office during business hours.

Identity and 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 _____ for 2024-2025.
(Name of Postsecondary Educational Institution)

(Student's Signature)

(Date)

(Student's ID Number)

Witnessed By (Required by Office Staff)

Date (Required by Office Staff)

D. SIGN THIS WORKSHEET:

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that the Office of Financial Aid reserves the right to request additional information as needed. Furthermore, I understand that all completed information must be received two (2) weeks prior to the end of the semester for the semester I wish to receive aid in order to receive aid. **WARNING:** If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student's Name

Student Signature