Office of Student Financial Aid
1106 N. Stonewall, Room 301, Student Union
Oklahoma City, OK  73117
Phone: 405/271-2118 Fax: 405/271-5446
Email: financial-aid@ouhsc.edu
Office Hours: M-F 8AM – 5PM
Website: http://www.ouhsc.edu/financialservices/SFA/
Facebook: www.facebook.com/OUHSCFinancialAid

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called Verification. Complete this form and submit it to the Office of Student Financial Aid as soon as possible in order to avoid processing delays.

Identity and Statement of Educational Purpose
(To Be Signed with Notary)
If the student is unable to appear in person at the University of Oklahoma Health Sciences Center Office of Student Financial Aid to verify his or her identity, the student 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 Education Purpose, there must be a 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 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 the University of Oklahoma Health Sciences Center for 2017-2018.

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Student’s Signature

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Date

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Student’s ID Number
Notary’s Certificate of Acknowledgement

State of ____________________________________________________________
City/County of ______________________________________________________

On ______________________, before me, __________________________________
(Date) (Notary’s name)

personally appeared, __________________________________________________
(Printed name of signer)

and provided to me on the basis of satisfactory evidence of identification _______________ to be the above-named person who

(Type of unexpired government-issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on ____________________________________________
(Date)

Certifications and Signatures

By signing below, you certify that all of the information reported is complete and correct.

Print Student’s Name ___________________________ Student’s ID Number ___________________________

_____________________________________________
Student’s Signature (Required) ___________________________ Date ___________________________

_____________________________________________
Spouse’s Signature (Optional) ___________________________ Date ___________________________

Warning: If you purposely give false or misleading information on this worksheet,
you may be fined, be sentenced to jail, or both.