



Office of Student Financial Aid  
865 University Research Park, Suite 240, Oklahoma City, OK 73104  
**Phone:** 405/271-2118 **Fax:** 405/271-5446  
**Email:** [financial-aid@ouhsc.edu](mailto:financial-aid@ouhsc.edu)  
**Office Hours:** M-F 8AM – 5PM  
<https://financialservices.ouhsc.edu/Student-Financial-Aid>

Your **2024 – 2025 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**

The student must appear *in person* at the University of Oklahoma Health Sciences Center Office of Student Financial Aid 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 U.S. 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 Purpose and that the Federal student financial assistance I may receive will be used only for educational purposes and to pay the cost of attending the University of Oklahoma Health Sciences Center for 2024 – 2025.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s ID Number

## Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official—Printed name and signature

\_\_\_\_\_  
Date

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