



Office of Student Financial Aid  
865 University Research Park, Suite 240 Oklahoma City, OK 73104  
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**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 (To Be Signed with a 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 U.S. 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 2024 – 2025.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s ID Number

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)  
personally appeared, \_\_\_\_\_, and provided to me on the basis of satisfactory  
(Printed name of signer)  
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

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