



Office of Student Financial Aid
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Email: financial-aid@ouhsc.edu
Office Hours: M-F 8AM – 5PM
<https://financialservices.ouhsc.edu/Student-Financial-Aid>

Your **2025 – 2026 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 2025 – 2026.

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.**