

Student Name______Student ID#_______ Identity and Statement of Educational Purpose (To be Signed at the Institution)

The student must appear in person at **Texas Tech University Health Sciences Center El Paso** 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 below.

Identity and Statement of Educational Purpose (To be Signed in the Presence of a Notary)

If the student is unable to appear in person at **Texas Tech University Health Sciences Center El Paso** to verify his or her identity, the student must provide to the institution:

- 1. 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
- 2. The original Statement of Education Purpose, which is provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational 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 individua	l signing this Statement of Educational				
(Print Student's Name)						
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						
Texas Tech University Health Sciences Center El Paso for 2022-2023.						
(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 basis of satisfactory eviden	dence of
	ted name of signer)	
identification	to be the above-named person who signed the foregoing instrument	nt.
(Type of government-issued photo I	1 0 0	
WITNESS my hand and official seal		_
(seal)	(Notary signature)	
	My commission expires on	Date)

To be completed by HSC Financial Aid Advisor	For Office Use Only		
ID Type:	Δ RRAAREQ	Δ RNANAxx Lock Current Record	
ID Number:	Δ ROASTAT verification complete ΔScan/Index	$\Delta RHACOMM$ $\Delta Update FAA Access Identity Verification$	
Rec'd By:	FAA Signature:	Date:	
Signature: Date:	AD Signature:	Date:	