TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

2023-2024 Identity and Statement of Educational Purpose

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, 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 individual 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 2023-2024.

(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 proved to me because of satisfactory evidence of
(Printed name of signer)
identification _____ to be the above-named person who signed the foregoing instrument.
(Type of unexpired government-issued photo ID provided)

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	ΔRHACOMM ΔUpdate FAA Access Identity Verification
Rec'd By:	FAA Signature:	Date:
Signature: Date:	AD Signature:	Date: