

## Identity and Statement of Educational Purpose

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Student's Name (PRINT): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

HCC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Campus: \_\_\_\_\_  
(9-digit number required) (Primary location of attendance)

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**DO NOT complete this form in advance.** Your application has been selected for verification and confirmation of your identity is required prior to receiving financial aid. This must be completed in the presence of an approved representative of HCC if you are submitting this form in person. If you are not submitting this form in person, it must be completed and signed in the presence of a Notary Public and mailed to HCC, ATTN: Financial Aid Office, 3100 Main Street, Houston, TX 77002.

### Identity and Statement of Educational Purpose

You must present valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport to verify your identity. (both front and back) HCC will maintain a copy of your photo ID with this form.

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 to pay the cost of attending Houston Community College for 2024-2025.  
(Print student's name)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the student acknowledges and confirms that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

### To be completed by an HCC Financial Aid Office Representative (in-person submissions)



The student has signed this form in my presence and the student has presented a valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued ID, or passport to verify his or her identity. I have made a copy of this document front and back, annotated the ID with the HCC ID Number and the date it was received, and attached the documentation to this form.

HCC Financial Aid Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

HCC Financial Aid Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Identity and Statement of Educational Purpose Notary Certificate

Student's Name (PRINT): \_\_\_\_\_ HCC ID: \_\_\_\_\_

**DO NOT complete this form in advance.** If you are not submitting this form in person, it must be completed and signed in the presence of a Notary Public and mailed to HCC, ATTN: Financial Aid Office, 3100 Main Street, Houston, TX 77002. If submitting online via email, please email [fa.docs@hccs.edu](mailto:fa.docs@hccs.edu) with attachments of **Valid ID (front and Back)** and notary seal and signature.

### Identity and Statement of Educational Purpose

You must present a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport to verify your identity. A copy of your photo ID (**front and back**) must accompany this form.

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 to pay the cost of attending Houston Community College for 2024-2025.  
(Print student's name)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the student acknowledges and confirms that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

### To be completed by a Notary Public (mail submissions)

State of \_\_\_\_\_ City/County of \_\_\_\_\_  
on \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared \_\_\_\_\_, and provided to me on basis of satisfactory evidence of  
(Printed name of signer)

identification \_\_\_\_\_ to be the above-named person who  
(Type of government-issued photo ID provided, including ID number)

signed the foregoing instrument.

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_ (Date)