



Student Financial Services - Bldg. K 1.700  
 3201 W. Pecan Blvd., McAllen TX 78501  
 PH 956.872.8375 FAX 956.872.6461

# Custom V4 Verification 2023-2024

## INSTRUCTIONS

Your application (FAFSA) was selected for review in a process called verification. The law states that before awarding federal aid we may ask you to confirm the information you reported on your FAFSA. This form will be used to compare the information you reported on your application and your financial documents. If there are differences we may need to correct your information, we may also ask for additional information. **Please use Black/Blue Ink and do not use whiteout on the form.**

## STUDENT INFORMATION - Please fill in box below

STC ID	Social Security Number XXX-XX-	Last Name	First Name	MI
Street Address	City	State	Zip	
Date of Birth	Phone Number	Email Address		

## IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

The student must appear in person at **South Texas College** to verify his or her identity by presenting  
 (Name of Postsecondary Educational Institution)

a 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 collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of  
 Print Student's Name

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

**South Texas College** for 2023-2024  
 Name of Postsecondary Educational Institution

\_\_\_\_\_  
 (Student's Signature )

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Student's ID Number)

\_\_\_\_\_  
 Date

STC ID:

NAME:

**Student Financial Services Department Use Only**

Institutional Authorized Official who (1) verified and collected the student's original and valid government issued ID, (2) made a photocopy of the ID and (3) who witnessed student signing Statement of Educational Purpose **must** stamp here and provide his/her name or initials.

Each person signing this worksheet certifies that the information reported on all 2 pages, is complete and correct.  
**WARNING:** If you purposely give false or misleading information you may be fined, sent to prison, or both.

Student Signature:

Date:

Parent Signature:

Date:

No person shall be excluded from the participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, age, sex, sexual orientation, gender, gender identity, disability, genetic information, or veteran status.