



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

FOR OFFICE USE ONLY
Correction date & #: _____
Initials: _____
New SAI: _____

Custom V4 Verification 2024-2025

INSTRUCTIONS: Your FAFSA application was selected for review in a process called verification, and we need to verify the information you reported before awarding federal aid. This form will be used to compare that information with your financial documents. If there are any differences, we may need to correct your information, and we may also ask for additional information.

Please only use Black or Blue ink and do not use whiteout on the form.

STUDENT INFORMATION – Please fill in box below

STC ID	SSN XXX-XX-	LAST NAME	FIRST NAME	MI
STREET ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	PHONE NUMBER		EMAIL	@stu.southtexascollege.edu

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 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:

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 **South Texas College** for the 2024-2025.

 (Student's Signature)

 (Date)

 (Student's ID Number)

STC ID:	NAME:
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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.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Each person signing below certifies that all of the information reported is complete and correct.

The student and one parent whose information was reported on the FAFSA must sign and date.

CERTIFICATION and HAND WRITTEN SIGNATURES – Signatures cannot be typed.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

The College District does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission. Conduct that excludes participation, denies benefits, or subjects others to discrimination is prohibited. The College District complies with all applicable policies and state and federal legislation in order to combat discrimination.