



Student Financial Services – South Texas College

📍 3201 W. Pecan Blvd. McAllen, TX 78501 | 📞 956.872.8375 | 📠 956.872.6461

FOR OFFICE USE ONLY
Correction Date & #
Initials:
New SAI:

2025-2026 Custom Verification (V4)

Your **FAFSA** was selected for a process called **verification**. Federal law requires us to confirm the accuracy of your FAFSA before awarding federal student aid. We will compare this form with your financial documents. If corrections are needed, we will update your FAFSA. You may be asked for additional documentation. Do NOT use white-out.

Student Information

STC ID:	SSN: XXX-XX-		
Last Name:	First Name:	MI:	DOB:
Phone:	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
(Name of Postsecondary Educational Institution)

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
(Print Student's Name)

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 2025-2026.
(Name of Postsecondary Educational Institution)

Student's Signature: _____ Date: _____

Student's ID Number: _____

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.

CERTIFICATION and HAND WRITTEN SIGNATURES – Signatures cannot be typed.

By signing below, I certify that all information provided is **complete and correct**.

⚠ **Warning:** If you purposely provide false or misleading information, you may be fined, imprisoned, or both.

Student Signature: _____ **Date:** _____

Parent Signature (if dependent): _____ **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.