2024-2025



Identity and Statement of Educational Purpose

Student's Name (PRINT):				Phone:	()
HCC ID: (9-digit number required)	Date of Birth:	/	_/	Home Campus:	(Primary location of attendance)
required prior to receiving financi	al aid. This must b If you are not s	e compl submittir	leted in the	presence of an apm in person, it n	tion and confirmation of your identity is proved representative of HCC if you are nust be completed and signed in the t, Houston, TX 77002.
	Identity and	d Stater	ment of Ed	ucational Purpose	•
You must present valid government issued ID, or passport to verify you	•				d to, a driver's license, other state- or of your photo ID with this form.
I certify that I,				, am the individual	signing this Statement of Educational
•		tance I r	•	will only be used	for educational purposes to pay the
Student's Signature:					Date:
By signing above, the student ack false or misleading information n	_				omplete and correct. Purposely giving
To be complet	ed by an HCC Fina	ancial Ai	d Office Re	presentative (in-p	person submissions)
	ther state-issued ID, o	r passport	t to verify his	or her identity. I have i	nt-issued photo identification, such as, but not made a copy of this document, annotated the ID rm.
HCC Financial Aid Representative Name:					Title:
HCC Financial Aid Representative Signature:					Date:

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

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2024-2025



Identity and Statement of Educational Purpose Notary Certificate

Student's Name (PRINT):	HCC ID:		
	e not submitting this form in person, it must be completed and signed in the N: Financial Aid Office, 3100 Main Street, Houston, TX 77002.		
Identity and	Statement of Educational Purpose		
You must present a valid government-issued photo issued ID, or passport to verify your identity. A copy	dentification (ID), such as, but not limited to, a driver's license, other state- of your photo ID must accompany this form.		
certify that I,	, am the individual signing this Statement of Educational		
	ance I may receive will only be used for educational purposes to pay the		
Student's Signature:	Date:		
False or misleading information may result in federa To be complete State of	d by a Notary Public (mail submissions)		
on hefore n	ne,		
(Date)	(Notary's name)		
personally appeared(Printed name of signer)	, and provided to me on basis of satisfactory evidence of		
dentification (Type of government-issued photo I	to be the above-named person who provided, including I D number)		
signed the foregoing instrument.			
WITNESS my hand and official seal (seal)			
	(Notary Signature)		
	My commission expires on		

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(Date)

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