

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
Office of Student Financial Assistance
2024-2025 Identity and Statement of Educational Purpose

Name: _____ Student ID: A _____

I certify that I _____ am the individual signing this
(Print Student's Name)

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 Texas A&M University-Corpus Christi for 2024-2025.

Student's Signature

Date

Student's State ID/DL Number

For Office use only: Copy Photo ID

Financial Aid Staff Member

Date

Signature