Texas A&M University-Corpus Christi
Office of Student Financial Assistance
2017-2018 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 2017-2018.

_________________________          ________________
Student’s Signature         Date

_________________________
Student’s ID Number

For Office use only: Copy Photo ID

_________________________          ________________
Financial Aid Staff Member     Date

_________________________
Signature