

**TEXAS A&M UNIVERSITY-CORPUS CHRISTI**  
**Office of Student Financial Assistance**  
**2026-2027 Verification Statement - In-Person**

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

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*For Office use only: Copy Photo ID above. If copying ID on a separate page, please sign both pages.*

\_\_\_\_\_  
Financial Aid Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature