2022-2023 Verification Worksheet

WITNESS my hand and official seal

(Notary Seal)



Financial Aid Office, 1801 College Drive N, Devils Lake, ND

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at Lake Region State College to verify his or her identity by presenting an 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.

Stateme	ent of Educational	Purpose	
I certify that I	tify that I am the individual signing this Statement of Educational		
(Print Student's full legal nam			
		sed for educational purposes and to pay the cost of	
attendingLake Region State College	e for 2022-2023.		
(Name of Postsecondary Educ	ational Institution)		
(Student's Signature)	(Date)	(Student's ID Number)	
Financial Aid/Institutional Employee's Signature		Date	
************	********	***********	
Identi	ity and Statement of Educational F	Purpose	
If the student is unable to appear in person at Lal institution:	ke Region State College, to verify h	is or her identity, the student must provide to the	
(a) A copy of an unexpired valid government-issu	ed photo identification (ID) that is	acknowledged in the notary statement below, or	
that is presented to the notary, such as, but not I		•	
(b) The original Statement of Educational Purpose	e provided above, which must be i	notarized. If the notary statement appears on a	
separate page than the Statement of Educational	Purpose, there must be a clear in	dication that the Statement of Educational	
Purpose was the document notarized.			
LRSC Financial Aid office must receive	e the ORIGINAL notarization pape	rwork and a copy of student's photo ID.	
Notary's	Certificate of Acknowl	edgement	
State of	City/County of	<u>-</u>	
On, before	re me,	, personally appeared,	
	, and proved to me on a basis of sa	tisfactory evidence of identification	
(Printed name of signer)			
	to be the above named norse	n who signed the foregoing instrument.	
(Type of unexpired government-issued photo ID p		ii who signed the foregoing moti differit.	
(1) pe of an expired government issued photo in p	iovidea,		

Forms can be submitted to:

Mailing address: Lake Region State College • Financial Aid Office

My commission expires on _

(Notary signature)

(Date)

- 1801 College Drive N Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 E-mail for questions: merissa.halvorson@lrsc.edu Fax: 701-662-1666