2023-2024 Verification Worksheet



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.

Statement of Educational Purpose

I certify that I	am the individual signing this Statement of Educational		
(Print Student's fu	ll legal name)		
•			e used for educational purposes and to pay the cost of
attendingLake Region S			24.
(Name of Postseco	ndary Educational Institu	ition)	
(Student's Signature)		Date)	(Student's ID Number)
(0.0000000.0000000)	(-	,	
Financial Aid/Institutional Employee's Signature			Date
******	*****		***************************************
	Identity and Staten		-
	erson at Lake Region Stat	te College, to verif	fy his or her identity, the student must provide to the
institution:	www.ent.teened.whete.telev	atification (ID) that	t is solve surfaced in the water, statement holes.
	-		t is acknowledged in the notary statement below, or
that is presented to the notary, such a			
			be notarized. If the notary statement appears on a
	-	re must be a clear	indication that the Statement of Educational
Purpose was the document notarized.			
LRSC Financial Aid office r	nust receive the ORIGIN/	AL notarization pa	perwork and a copy of student's photo ID.
N	otary's Certifica	te of Acknov	vledgement
Charles of		City (Country of	
State of		_ City/County of	
On	, before me,		, personally appeared,
(Date)	()	Notary's name)	
	, and proved t	to me on a basis of	f satisfactory evidence of identification
(Printed name of signer)			
	to be the	e above-named per	rson who signed the foregoing instrument.
(Type of unexpired government-issued	photo ID provided)		
WITNESS my hand and official coal			
WITNESS my hand and official seal (Notary Seal)			(Notary signature)
(Notaly Seal)			(Notary signature)
	N	ly commission exp	ires on
	14		(Date)
	_		
		an be submitted	
	•	-	ege • Financial Aid Office
	 1801 College 	e Drive N • Devils	s Lake, ND 58301
	Phone: 1-800	0-443-1313 Ext 1516	or (701) 662-1516