2025-2026 Verification Worksheet

(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.

Stat	ement of Educational	l Purpose
I certify that I	am the individual signing this Statement of Educational	
(Print Student's full le	egal name)	
		used for educational purposes and to pay the cost o
attendingLake Region State	e College for 2025-2026.	
(Name of Postsecond	ary Educational Institution)	
(Student's Signature)	(Date)	(Student's ID Number)
Financial Aid/Institutional Employee's Signature		Date
*********	***********	************
	Identity and Statement of Educational I	Purpose
that is presented to the notary, such as, I (b) The original Statement of Educational separate page than the Statement of Edu Purpose was the document notarized. LRSC Financial Aid office must	but not limited to, a driver's license, other I Purpose provided above, which must be ucational Purpose, there must be a clear in st receive the ORIGINAL notarization pape	notarized. If the notary statement appears on a dication that the Statement of Educational arwork and a copy of student's photo ID.
NO	tary's Certificate of Acknowl	eagement
State of	City/County of	
On	, before me,	, personally appeared,
(Date)	(Notary's name)	
(Printed name of signer)	, and proved to me on a basis of sa	atisfactory evidence of identification
	to be the above-named perso	on who signed the foregoing instrument.
(Type of unexpired government-issued ph	noto ID provided)	
WITNESS my hand and official seal		

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