2021-2022 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	tement of Educational	Purpose			
(Print Student's full legal name) Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost cattending Lake Region State College for 2021-2022. (Name of Postsecondary Educational Institution)					
			(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 P	Purpose			
institution: (a) A copy of an unexpired valid government of the start of the notary, such as, (b) The original Statement of Educational separate page than the Statement of Educational Purpose was the document notarized. LRSC Financial Aid office mu	nent-issued photo identification (ID) that is but not limited to, a driver's license, other al Purpose provided above, which must be a ucational Purpose, there must be a clear in	notarized. If the notary statement appears on a dication that the Statement of Educational rwork and a copy of student's photo ID.			
No	tary's Certificate of Acknowl	edgement			
State of	City/County of				
On	, before me,	, personally appeared,			
(Date)	(Notary's name)				
	, and proved to me on a basis of sa	itisfactory evidence of identification			
(Printed name of signer)					
		n who signed the foregoing instrument.			
Type of unexpired government-issued ph	hoto ID provided)				
WITNESS my hand and official seal					

Form can be mailed or dropped off at the address listed

Mailing address: Lake Region State College • Financial Aid Office

My commission expires on _

(Notary signature)

- 1801 College Drive N Devils Lake ND 58301
- Phone: 1-800-443-1313 Ext 1519 or (701) 662-1519
- E-mail for questions: merissa.halvorson@lrsc.edu Fax: 701-662-1581 Revised 12/2020