



2016-2017 Custom Verification Form (V4)

This form cannot be faxed. Return this form to the address below.

Labette Community College
 Financial Aid
 200 South 14th · Parsons, KS 67357
 (620) 421-6700

Your FAFSA was selected for a review process called "VERIFICATION." Return this form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

<u>Student's Name</u>	<u>Social Security Number or Student ID</u>
<u>Other Names Used (Including Maiden)</u>	<u>Student's Date of Birth</u>
<u>Permanent Mailing Address</u> <u>City/State/ Zip</u>	<u>Permanent Phone Number</u>
<u>High School Graduation Date/GED Completion Date</u>	<u>Local Phone Number</u>

Have you attended any other college/University? _____ Yes _____ No. If Yes, Please complete the table below. You must provide an official transcript for each institution.

College	Major or Degree	Degree Received	From	Dates To	# of Credits Earned

Child Support Paid

Did you, your spouse (if married) or your parent(s) (if dependent) pay child support during the year 2015?

Yes _____ No _____

If you, your spouse (if Married) or Parent(s) (if dependent), who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

Identity and Statement of Educational Purpose

(To be signed at the Labette Community College Financial Aid Office)

The student must appear in person at Labette Community 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
(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance

I may receive will only be used for educational purposes and to pay the cost of attending Labette Community College for 2016-2017.

(Student's Signature)

(Date)

(Student's ID Number)

(Financial Aid Specialist Signature)

(Date)

*****If you are unable to appear in person at the Labette Community College Financial Aid office, Please see the next page.**

Identity and Statement of Educational Purpose

(To be signed with Notary)

If the student is unable to appear in person at Labette Community College to verify his or her identity, the student must provide to the institution:

- (1) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport;

AND

- (2) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing

(Print Student's Name)

this Statement of Educational Purpose and that the Federal student financial assistance

I may receive will only be used for educational purposes and to pay the cost of attending Labette Community College for 2016-2017.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

Notary's certification may vary by State

State of _____

City/County of _____

On _____, before me, _____,

(Date)

(Notary's name)

personally appeared, _____, and proved to me

(Printed name of signer)

on the basis of satisfactory evidence of identification _____

(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

(Notary signature)

My commission expires on _____

(Date)

SNAP Verification

Did any member of your household receive Supplemental Nutrition Assistance Program or SNAP (Formerly known as the Food Stamp Program) anytime during 2014 or 2015?

No

Yes- Indicate all household members who received Food Benefits:

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

CERTIFICATION STATEMENT

By signing below you certify that:

- If you withdraw from class or reduce your course load, you must notify the Financial Aid Office. You also understand that your aid may be REDUCED OR CANCELED and you may be responsible for repaying any federal funds which you received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- You understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to your attendance at Labette Community College.
- You understand to be eligible for and to receive Federal Student Aid, you must be in a degree-seeking program at Labette Community College and only coursework directly applicable to your declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

PAYMENT AUTHORIZATION

I hereby authorize Labette Community College to transfer funds from my financial aid award to pay for charges on my student account for my cost of education (i.e. tuition, fees, bookstore charges, or other authorized expenses).

Each person signing below certifies that all of the information reported is complete and correct.

The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent's Signature

Date

(Dependent Students Only)