2017-2018 Custom Verification Form (V4)

This form cannot be faxed. Email scanned copy to:
financialaid@labette.edu or
Return this form to the address below.
Labette Community College
Financial Aid
200 South 14th * Parsons, KS 67357

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.

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

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	Dates From	To	# of Credits Earned

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 *(Dependent Students Only)* _____ Date _____

Identity and Statement of Educational Purpose

This portion of the form cannot be scanned or faxed

(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 2017-2018.

_____ _____
(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

This portion of the form cannot be scanned or faxed

(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 2017-2018.

_____ _____
(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)