



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2024-2025 Verification Group 4 Dependent

PRINT ALL INFORMATION NEATLY IN INK. DO NOT USE WHITEOUT.

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The verification process is to confirm the information given on the original application submitted to the Department of Education. If there are any differences, your FAFSA may need to be corrected. You must complete and sign this worksheet, submit the form and other required documents to the financial aid office. **We cannot process your financial aid until verification has been completed. DO NOT leave blank spaces, if you need to make a correction, put one line through the mistake, and initial and date next to it.**

SECTION A: STUDENT INFORMATION

| | | | | |
|---------------------------------------|-------------------|--------------------------|--------------------|----------------------|
| <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| Last Name | First Name | M.I. | Student ID | Date of Birth |
| <hr/> | | <hr/> | <hr/> | <hr/> |
| Street Address (include apt #) | | City | State | Zip |
| <hr/> | | <hr/> | <hr/> | <hr/> |
| Email Address | | Home Phone number | Cell number | |
| <hr/> | | <hr/> | <hr/> | |

SECTION B: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

If the student is unable to appear in person at Lassen Community College, please see next page.

The student must appear in person at Lassen Community College to verify his/her identity by presenting unexpired valid government-issued photo identification (ID), such as:

- State Issued Driver’s License
- Other state ID
- 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 Purpose and that
Print Name

the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending Lassen Community College for 2024-2025.

SECTION C: CERTIFICATION AND SIGNATURES

I certify by signing that all information reported is true and accurate. I understand that any false statements or misrepresentations may be cause for denial, reduction, withdrawal and/or repayment of financial aid and may be subject to fines and/or imprisonment.

| | | | |
|--------------------------|-------------|-------------------------|-------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| Student Signature | Date | Parent Signature | Date |

(To be Signed in the Presence of a Notary)

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

- (a) 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

- (b) 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 this Statement of Educational Purpose and that
Print Name

the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lassen Community College for 2024-2025.

Student Signature

Date

ID Number

Notary’s Certificate of Acknowledgement:

State of _____ City/County of _____
State City/County

on _____ before me, _____
Date Notary’s Name

personally appeared, _____ and proved to me on the basis of
Printed Name of Signer

satisfactory evidence of identification _____ to be the above named
Type of Government-issued ID

person who signed the foregoing instrument.

Witness my hand and official seal:

(seal)

Notary’s Signature

Date Commission Expires