

2022-2023 Form M

Signature Page

Your 2022-2023 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and a parent (if applicable) whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

****Your eligibility for financial aid cannot be determined until the verification process is complete.****

Student Name: _____ LCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

You certify that:

- You will use any federal student financial aid funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds;
- You were not in default on a Title IV educational loan, or you have paid or made satisfactory arrangements to repay your loan if you were in default;
- You do not owe an overpayment of a Title IV educational grant, or you have made satisfactory arrangements to repay that overpayment;
- You will notify your school if you do owe an overpayment or if you are in default;
- You will not receive a Federal Pell Grant at more than one school for the same period of time.

If you are the student's parent, by signing this application, you agree, if asked, to provide information that will verify the accuracy of the completed form. This information may include U.S. or state income tax forms that you filed or are required to file.

Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Federal Student Aid ID (FSA ID), you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else.

Certification:

I certify that the submitted information is accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature (if Dependent):

Date

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:
Lenoir Community College • Office of Financial Aid
P.O. Box 188 • Kinston, NC 28502
Fax: 252-233-6896 • Email: finaid@lenoircc.edu