## 2023-2024 Form Q

## **Identity and Statement of Educational Purpose**

(To be signed at Lenoir community College)

Your 2023-2024 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, 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.\*\*

This form cannot be mailed, faxed, or emailed. A value of the must be provided when coming in to complete this for contact our office at 252-527-6223 Ext. 371. Failure to in a stop in processing with your financial aid.	rm. If you have any questions, please	
Student Name:	LCC ID:	
If the student is unable to appear in person at Lenoir Community College, to verify his or her identity, the student must provide:  (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and  (b) The original notarized Statement of Educational Purpose provided on the LCC webpage.		
Statement of Educational Purpose		
I certify that I,, am the individual signing this, and, am the individual signing this, and, and, and, and, and, and, and, and		
Certification:		
I certify that the submitted information is accur belief. If asked by an authorized official, I agre 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:	
Type of ID:	ID Number:	

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Please attach a legible copy of ID with this document.

Office of Financial Aid Staff Use Only:

Received by:	(FA Staff Signature)
Date Received:	-

