

**2023-2024 Form Q**  
**Identity and Statement of Educational Purpose**  
**Please complete and sign in the presence of a notary.**

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.\*\***

Return this form via mail to: Office of Financial Aid, Lenoir Community College, PO Box 188, Kinston, NC 28502. **This form cannot be faxed or emailed.** If you have any questions, please contact our office at 252-527-6223 Ext. 371. Failure to complete and return this form will result in a stop in processing with your financial aid.

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 below.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this  
(Print Student's Name)

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 Lenoir Community College for 2023-2024.

**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: \_\_\_\_\_

Type of ID: \_\_\_\_\_ ID Number: \_\_\_\_\_

**\*\*\*\*\* A COPY OF THE IDENTIFICATION DOCUMENT MUST BE ATTACHED\*\*\*\*\***

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**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_  
(Type of government-issued photo ID provided)

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

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

\_\_\_\_\_  
My commission expires on \_\_\_\_\_  
(Date)

(seal)

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MAIL THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:  
Lenoir Community College  
Office of Financial Aid  
P.O. Box 188  
Kinston, NC 28502