



Lander University Financial Aid Office

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 Email: finaid@lander.edu • Web: www.lander.edu/finaid
 Phone: (864) 388-8340 • Fax: (864) 388-8811

2022-2023 Identity and Statement of Educational Purpose

Student's Last Name	First	MI	Lander ID (L#)
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Your application for federal student aid was selected for a review process called "verification." In this process, federal law requires the school to collect additional documents to confirm the accuracy of the information reported on the student's **Free Application for Federal Student Aid (FAFSA)**. After all documents are received, the information will be reviewed for accuracy. If necessary, the information will be corrected on the FAFSA and aid packages adjusted accordingly.

This form must be completed and signed in the presence of a Lander University Financial Aid Administrator. Do NOT complete the section below in advance.

Statement of Educational Purpose

I certify that I, _____, am the individual signing 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 Lander University for 2022-2023.

(Print Student's Name)

(Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.)

Student's Signature (Required)	Phone #	Date
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Identity Verification

In addition, the student must appear in person at the Lander University Financial Aid Office 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If not signed in front of a Lander University Financial Aid Counselor, students are required to have this form notarized.

Notary Public Signature and Certification

State of: _____

County of: _____

On this _____ day of _____, 20_____. I _____ (Document Holder) holder of _____ (Name of Document), consisting of _____ (Number of Pages) pages, attest that it is a true, exact, complete and unaltered photocopy of the original. To the best of my knowledge and belief, the photocopied document is not a public record, of which certified copies are available from an official source.

Document Holder's Signature

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20_____.

Official Signature of Notary

(Official Seal)

_____, Notary Public
(Notary's printed or typed name)

My commission expires: _____

<i>To be completed by LU Financial Aid Administrator</i>		<i>Reference 21-22 AVG – p. 78</i>	
ID Type:	RNAV/Rxx	Identity and Statement indicator	(if HSCOMP in and verified via SOAHSCH, also complete) Verf Status "Verified" if all other reqs complete and have reviewed official hs transcript for graduation date
ID Number:	Update FAA Access Identity Verification	ROAUSDF Field 70: Enter #:	ROAUSDF Field 71 = date completed mm/dd/yyyy
Copy made:		1	if IDST completed by FAO
		2	if IDST was completed by notary
		3	if IDST <>S
		4	if HSCOMP<>S and IDST=S-NO LONGER USED
		5	no response
		6	responded but IDST <>S
Rec'd By:	RNAN/Axx	Lock Current Record	
Signature: Date:	RRAAREQ	SCAN AND INDEX	