



## Lander University Financial Aid Office

320 Stanley Avenue • Greenwood, SC 29649  
 Email: [finaid@lander.edu](mailto:finaid@lander.edu) • Web: <https://www.lander.edu/admissions/tuition-financial-aid>  
 Phone: (864) 388-8340 • Fax: (864) 388-8811

### 2020-2021 Identity and Statement of Educational Purpose

Student's Last Name	First	MI	Lander ID (L#)
---------------------	-------	----	----------------

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 2020-2021.

(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
--------------------------------	---------	------

**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.

To be completed by LU Financial Aid Administrator		Reference 1920 AVG – p. 79	
ID Type:	RNAVRxx	Identity and Statement indicator	Verf Status "Verified" if all other reqs complete
ID Number:	Update FAA Access Identity Verification ROAUSDF Field 70: Enter #: ROAUSDF Field 71 = date completed mm/dd/yyyy		
Copy made:	1 if HSCOMP = S and IDST completed by FAO 2 if HSCOMP = S and IDST was completed by notary 3 if HSCOMP =S and IDST <=>S 4 if HSCOMP<=>S and IDST=S 5 no response 6 responded but HSCOMP <=>S AND IDST <=>S		
Rec'd By:	RNANAx	Lock Current Record	
Signature:	Date:	RRAAREQ	SCAN AND INDEX