



Lander University Financial Aid Office

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 Phone: (864) 388-8340 • Fax: (864) 388-8811

2023-2024 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 2023-2024.

(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: _____

To be completed by LU Financial Aid Counselor -you have seen the original documents OR reviewed in-person notary	
<i>Reference 22-23 AVG – p. 9,45, 51, 53-55 and NASFAA ASKREGS</i>	
ID Type:	RNAVRxx Identity and Statement indicator (IHSCOMP NO LONGER REQUIRED BEGINNING 22-23) Verf Status "Verified" if all other reqs complete
ID Number:	Update FAA Access Identity Verification ROAUSDF Field 70: Enter # from below: ROAUSDF Field 71 = date completed mm/dd/yyyy and Field 72: Initials
Copy made:	1-Verification completed in person, no issues found 2-Verification completed remotely, no issues found 3-Verification attempted, issues found with identity. (You did not receive acceptable documentation for the SEP or identity.) 5-No response from applicant or unable to locate
Rec'd By:	RNANAxX Lock Current Record
Signature: Date:	RRAAREQ SCAN AND INDEX