2024-2025 Verification Worksheet



Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at Lake Region State College 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I	am the individual signing this Statement of Educational	
(Print Student's fu	ll legal name)	
-		nly be used for educational purposes and to pay the cost of
attendingLake Region State College for 2024-2025.		
(Name of Postseco	ndary Educational Institution)	
(Student's Signature)	(Date)	(Student's ID Number)
Financial Aid/Institutional Employee's Signature		Date
*****	******	*******
	Identity and Statement of Educa	tional Purpose
If the student is unable to appear in pe institution:	-	verify his or her identity, the student must provide to the
	nment-issued photo identification (ID) that is acknowledged in the notary statement below, or
		, other state-issued ID, or passport; and
		just be notarized. If the notary statement appears on a
		clear indication that the Statement of Educational
Purpose was the document notarized.	• •	
-		on paperwork and a copy of student's photo ID.
N	otary's Certificate of Ack	nowledgement
14	otary 5 derenneate of new	nowreugement
State of	City/County	of
	// /	
On	, before me,	, personally appeared,
(Date)	(Notary's name	2)
	, and proved to me on a ba	sis of satisfactory evidence of identification
(Printed name of signer)		
	to be the above-name	d person who signed the foregoing instrument.
(Type of unexpired government-issued	photo ID provided)	
WITNESS my hand and official seal		
(Notary Seal)		(Notary signature)
	My commission	n expires on
		(Date)
	Forms can be subm	
	 Mailing address: Lake Region State 	-
	 1801 College Drive N • E 	Devils Lake, ND 58301
	Phone: 1-800-443-1313 Ext	1516 or (701) 662-1516