SSN: _____

LeMoyne-Owen COLLEGE
LEADERSHIP. OPPORTUNITY. CHANGE.

Student Financial Services
807 Walker Avenue Memphis, TN 38126
Main: 901.435.1550
Fax: 901.435.1573
Email: FinancialAid@loc.edu
Web: https://www.loc.edu/enrollment-management/financial-aid/

Verification Worksheet Checklist
2023 – 2024 V4 & V5 Verification Group
Identity and Statement of Educational Purpose
(To be signed at the Institution)

The student must appear in person at LeMoyne-Owen College to
(Name of Postsecondary Educational Institution)
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.

Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at LeMoyne-Owen College
(Name of Postsecondary Educational Institution)
to verify his or her identity, the student must provide to the institution:

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

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 LeMoyne-Owen College for 2023 - 2024.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature) (Date)

SSN: _____

2023 – 2024 Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.
The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ _____
Student's Signature Date

Student Financial Aid Verification Only

Date: _____

Verified By: _____

Valid Government-Issued Photo ID

Driver's License _____

U.S. Passport _____

Other Government/State Issued ID

_____
(Type of State Issued ID)