2027-2028 Custom Verification Form (V4)

This form cannot be faxed or emailed.
This form can be uploaded to your Financial Aid Portal or Financial Aid Dropbox on our website.

Return this form to the address below.
Labette Community College
Attn: Financial Aid
200 South 14th
Parsons, KS 67357

Your FAFSA was selected for a review process called **"VERIFICATION."** Return this form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

Student's Name _____ Student ID _____

Other Names Used (Including Maiden) _____ Student's Date of Birth _____

Permanent Mailing Address _____ City/State/ Zip _____ Permanent Phone Number _____

High School Graduation Date _____ GED Completion Date _____ High School Name _____

Have you attended any other college/university? ☐ **Yes** ☐ **No**

If Yes, Please complete the table below. You must provide an official transcript for each institution. **(If LCC has already received your transcript you do not need to resubmit)**

College Name(s): _____

_____

27-28 Housing: ☐ **Off Campus** ☐ **With Parent** ***The Villas are considered off-campus***

Authorization to Apply Federal Financial Aid to Non-Institutional Charges and Ineligible Courses

I authorize Labette Community College to apply any excess Title IV (Pell, SEOG, Direct and PLUS Loans, etc.) funding to any non-institutional charge or ineligible courses on my student account. I understand that my decision is voluntary and this authorization will remain in effect until I submit a written request to cancel this authorization. (**By stating No you will not be able to charge books, meal plans, pay for ineligible courses, student housing, etc.)**

_____Yes, I authorize _____No, I do not authorize

_____ _____
Student Signature (Hand-written or scribbled on) Date

Certification Statement

By signing below you certify that:

- If I withdraw from class or reduce my course load, I must notify the Financial Aid Office. I also understand that my aid may be REDUCED OR CANCELED and I may be responsible for repaying any federal funds which I received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- I understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to my attendance at Labette Community College.
- I understand that to be eligible for and to receive Federal Student Aid, I must be in a degree-seeking program at Labette Community College and only coursework directly applicable to my declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The student and one parent (if dependent) whose information is on the FAFSA must sign and date.

_____ _____
Print Student's Name Student's ID Number

_____ _____
Student's Signature *(Hand-written or scribbled on)* Date

_____ _____
Parent Signature *(Required for Dependent Students)* Date

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

Verification of Identity for Verification Tracking Group V4

This portion of the form cannot be scanned or faxed.

There are several ways an institution may verify a student's identity. Complete this section if the student is selected for V4 identity verification for the 2027-2028 award year.

Note: To complete V4 identity verification, a student must present an unexpired, valid, government-issued photo identification such as a U.S. passport, a driver's license, or other state-issued ID.

Check the box that applies below:

- ☐ The student appeared in person and presented acceptable identification to an institutionally authorized individual.
- ☐ The student was verified by a service provider that is compliant with the National Institute of Standards and Technology Identity Assurance Level 2 (NIST IAL2). The institution received acceptable documentation directly from the service provider confirming the date of the verification and that the student's identity was verified under the NIST IAL2 standard.
- ☐ The student was unable to appear in-person and provided the institution with a copy of the acceptable identification presented to a notary and a signed notary statement.
- ☐ The student was unable to appear in-person and appeared on a video call with institutional personnel and presented the acceptable identification to an institutionally authorized individual.
- ☐ The student is a confined or incarcerated individual and was verified by an authorized official at the correctional facility where the individual is confined or incarcerated.

If the student appears in-person at LCC and presents the acceptable identification, please see the signed statement:

Identity Statement

I certify that I, _____, am the individual signing this identity statement.

(Printed name of student)

_____ _____ _____ _____

(Student signature) *(Date)* *(Financial Aid Representative Signature)* *(Date)*

If the student was unable to appear in-person and chooses to have the acceptable identification copied and verified with a notary, please see the signed notary statement:

Notary's Certificate of Acknowledgement

Notary's certification may vary by state

State of _____

City/County of _____

On _____, before me, _____.

(Date) (Notary's name)

Personally appeared, _____, and proved to me

(Printed name of signed)

Because of satisfactory evidence of identification _____

(Type of unexpired government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

_____

(Notary signature)

(seal)

My commission expires on _____

(Date)