

2018-2019 Custom Verification Form

V4

Send all paperwork to

OGLALA LAKOTA COLLEGE

P.O. BOX 490

KYLE, SD 57752

FINANCIAL AID OFFICE

Phone (605)455-6038

Fax (605)455-1027

E-mail: financialaid@olc.edu

A. STUDENT INFORMATION:

STUDENT NAME: _____ Student I.D. _____ SSN: _____

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

B. HIGH SCHOOL COMPLETION:

Provide one of the following documents that indicate the student's high school education completion status when the student begins college in 2018-2019.

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Education Development (GED) certificate or GED Transcript.
- An academic transcript that indicates the student successfully completed at least a two-year college program that is acceptable for full credit toward a bachelor's degree.
- If State Law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State Law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, which lists the secondary school education in a homeschool setting.

Your estimated financial aid offer cannot be finalized and disbursed until all documents are received. If you have questions or need assistance, please contact the Office of Financial Aid.

C. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (To Be Signed at the Institution)

The student must appear in person at _____ 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 _____
(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

_____ for 2018–2019.
(Name of Postsecondary Educational Institution)

(Student's Signature) (Date)

(Student's ID Number)

Sample of a 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 signer)

on the basis 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

(seal)

(Notary signature)

My commission expires on _____
(Date)

D. Certification and Signature

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.

Print Student's Name

Student's ID Number

Student's Signature (Required)

Date

Parent's Signature (Required if Dependent)

Date

Spouse's Signature (Optional)

Date