Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. LSUS must verify specific information required by the U.S. Department of Education. You have two options to complete the required identity documentation:

**Option One:** You must appear in person at the LSUS Financial Aid Office with a valid ID and complete section B of this form in the presence of a financial aid staff member.

**Option Two:** If you are **not** able to come into our office, complete section A, skip section B, and complete section C in the presence of a notary public. Mail completed form along with an original copy of your photo ID to the address listed above.

We will review your submitted documents and you will be notified if we need additional information.

### A. Student Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (include apartment number, if applicable)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>
B. If you cannot appear in person in the Financial Aid Office, skip to section C.

Identity and Statement of Educational Purpose:

In order to confirm your identity you must appear in person in the LSUS Financial Aid Office. You will need to present valid government-issued photo identification (ID). A valid ID includes, but is not limited to, a driver’s license, other-state issued ID, or passport.

You must sign the following statement in the presence of a LSUS Financial Aid official:

STATEMENT OF EDUCATIONAL PURPOSE

I certify that ________________________________ 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 for the cost of attending Louisiana State University Shreveport for the 2024-2025 academic year.

Certification and Signature

As stated above, the student’s signature must be witnessed by a LSUS Financial Aid official. The person signing below certifies that all the information reported is complete and correct.

By signing below, I (we) certify that all information provided on this form and any supporting documentation I have submitted is complete and correct to the best of my knowledge. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, and/or removed from school. Applications suspected to contain fraudulent information will not be awarded federal financial aid.

Signature (must be witnessed) ___________________________ Date ________________

For Office Use Only:

Witnessed By: ___________________________

____________________________________________
C. Only complete if you are unable to appear in person in the LSUS Financial Aid Office:

In order to confirm your identity you must have the statement below notarized. You will need to present valid government-issued photo identification (ID) to the notary. A valid ID includes, but is not limited to, a driver’s license, other-state issued ID, or passport. This original form will need to be mailed to the Financial Aid Office along with a copy of your valid photo ID presented to the notary.

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 for the cost of attending Louisiana State University Shreveport for the 2024-2025 academic year.

____________________________________________  ________________
Signature                                           Date

____________________________________________
LSUS ID Number

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT

State of _________________________________________
City/County/Parish of ______________________________
On ______________________________, before me, __________________________________________, Notary’s name
personally appeared, __________________________________________, and provided to me on basis of Printed name of signer
satisfactory evidence of identification ________________________________________________ Type of government-issued photo ID provided
to be the above-named person who signed this foregoing instrument.

WITNESS MY HAND AND OFFICIAL SEAL

Place Seal Here

____________________________________________
Notary’s signature

My commission expires on________________________ Date

For Office Use Only:

Original: YES ☐ NO ☐