



# 2025-26 V4 CUSTOM VERIFICATION WORKSHEET

Your FAFSA application was selected by the Department of Education for a process called Verification at Lower Columbia College (LCC). The Financial Aid Office will compare information from your FAFSA application with the documentation you provide through this form. The law requires the college to collect and verify this information before awarding Federal Student Aid. The Financial Aid Office cannot process your financial aid without this information.

## IMPORTANT INFORMATION

- **This form must be completed IN-PERSON at either LCC's Financial Aid Office / One-Stop Center – OR – in the presence of a notary, returning the original (wet-signed) document to the Financial Aid Office / One-Stop Center. Electronic copies/signatures are NOT acceptable.**
- All sections of this form must be completed. If a section does not apply to you, write "NA".
- The Financial Aid Office publishes a [quarterly priority deadline](#) and submission of this document after this date may cause a delay in receiving your aid. Return this form as soon as possible.
- It takes a minimum of 3-6 weeks to fully process students financial aid from the date all required documents have been submitted to the Financial Aid Office.

## STUDENT INFORMATION

Last Name:	First Name:
Student ID #:	Email:

**PLEASE NOTE:** If there is a difference between the name on your **FAFSA** and the name listed on this form, you will need to correct your [FAFSA application electronically](#). The LCC One-Stop Center is available on campus in the Admissions building, by phone at 360-442-2322, or email [financialaidoffice@lowercolumbia.edu](mailto:financialaidoffice@lowercolumbia.edu) if you have any questions or need assistance.

## STEP 1: STUDENT – IDENTITY VERIFICATION

- ☐ I am appearing in person at Lower Columbia College with my original, unexpired, and valid government-issued photo identification (driver's license, state identification card, or passport). The college will maintain a copy of your photo ID that is annotated with the date it was received and reviewed, and the name of the official at the institution authorized to receive and reviewed your ID.
- OR –
- ☐ I live more than 50 miles from campus **AND** will be attending online classes only and therefore am unable to appear in person. I am attaching the **original notarized copy of my unexpired and valid government-issued photo identification** to this form (driver's license, state identification card, or passport).

## STEP 2: STUDENT – STATEMENT OF EDUCATIONAL PURPOSE

- ☐ I am appearing in person at Lower Columbia College to sign the statement below (**you must sign this statement in front of financial aid/one-stop staff**).
- OR –
- ☐ I am unable to appear in person to submit the above statement and have had the statement notarized (see next page). LCC does not reimburse for any fees associated in the notarizing process (**you must sign this statement in front of a notary AND have notary complete the section on the top of Page 2**).

I, certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose and that  
(Print Student's Full Name)

the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lower Columbia College for the 2025-2026 academic year.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST SIGN IN FRONT OF FINANCIAL AID/ONE-STOP STAFF OR NOTARY**



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## STUDENT INFORMATION

Student Name:

Student ID #:

## NOTARY USE ONLY (ONLY USE IF NOT APPEARING IN PERSON AT THE ONE-STOP/FINANCIAL AID OFFICE)

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Print Notary's name)

personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

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 (seal) \_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

## STEP 3: SIGN THE WORKSHEET

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If you are submitting notarized documents, the **ORIGINAL NOTARIZED DOCUMENTS** must be mailed to LCC.

## STAFF REVIEW

Student Identification and FAFSA/ FA Status Page Name	LCC staff collected a copy of the student's photo ID, annotating the date it was received and who reviewed it.	<input type="checkbox"/>
	LCC staff confirmed both <i>Student Identification</i> and <i>FAFSA/FA Status Page</i> name <b>are the same</b> .	<input type="checkbox"/>
	<i>FAFSA/FA Status Page</i> name does not match <i>Student Identification</i> . LCC staff assisted student to update FSA-ID/FAFSA and submit a correction.	<input type="checkbox"/>
	Date FAFSA Correction Submitted: _____	

FAO USE: If appearing in person, student must sign in front of LCC staff. All issues with identity must be reported to the Department of Education for purposes of tracking fraud. Notify the Financial Aid Director if there are issues verifying identity.

Received by:  
(Print Name)

Date:

Signature:

RETURN THIS FORM TO:

LCC Financial Aid Office  
1600 Maple St. / P.O. Box 3010  
Longview, WA 98632



# 2025-26 V4 CUSTOM VERIFICATION WORKSHEET

Lower Columbia College does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX, including in admission and employment. Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, citizenship or immigration status, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, veteran or military status, or use of a trained guide dog or service animal as required by Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, Sections 504 and 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and ADA Amendment Act, the Age Discrimination Act of 1975, the Violence Against Women Reauthorization Act and Washington State's Law Against Discrimination, Chapter 49.60 RCW and their implementing regulations. All inquiries regarding compliance with Title IX, access, equal opportunity and/or grievance procedures should be directed to Vice President of Foundation, HR & Legal Affairs, 1600 Maple Street, PO Box 3010, Longview, WA 98632, [title9@lowercolumbia.edu](mailto:title9@lowercolumbia.edu), Phone number, (360) 442-2120, Phone number/TTY (800) 833-6388. The notice of nondiscrimination is located at [lowercolumbia.edu/disclosure/non-discrimination](https://lowercolumbia.edu/disclosure/non-discrimination).