

Financial Aid Office 2755 E. Napier Avenue Benton Harbor, MI 49022

Phone: 269-926-8112/Fax: 269-927-8183 Email: finaid@lakemichigancollege.edu

2018-19 Statement of Identity & Educational Purpose



The student must appear in person at Lake Michigan College to 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.

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In addition, the student must sign, in the statement of Educational Purpose provide	
individual signing this Statement of Educa	, am the ational Purpose and that the federal student by be used for educational purposes and to pay ege for 2018-19.
(Student's Signature)	(Date)
(Student's ID Number)	
For Office Use Only:	
Signature of Designated Official*	Date
Initial each item as completed: ID copied Signed and dated Original copy sent in campus mail to the Financia	al Aid Office

^{*} Signature of Designated Official states that you have seen appropriate state ID or passport, have made a legible copy of said document, sign and date the copy, and verify that the student signing this form matches the ID. Only those identified through the Financial Aid Office may be considered a "Designated Official".