

318.797.5363 (Fax) 318.797.5366 One University Place Shreveport, LA 71115-2399 finaid@lsus.edu

IDENTITY VERIFICATION WORKSHEET 2025-2026

Your 2025-2026 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 <u>not</u> 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:				
Name	Phone Number			
Student ID#	Email Address			
Address (include apartment number, if applicable)	City	State	Zip	



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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.

STATEMENT OF EDUCATIONAL PURPOSE

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

<u> </u>	am the individual signing this Statement all student financial assistance I may receive will only be for the cost of attending Louisiana State University ear.
Certification and Signature	
_	e must be witnessed by a LSUS Financial Aid official. all the information reported is complete and correct.
submitted is complete and correct to the best of my	provided on this form and any supporting documentation I have knowledge. I understand if I purposely give false or misleading ad/or removed from school. Applications suspected to contain financial aid.
Signature (must be witnessed)	Date
For Office Use Only: Witnessed By:	



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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	
Print Name of Educational Purpose and that the fe	ederal student financial assistance I may receive will only be any for the cost of attending Louisiana State University	
Signature	Date	
LSUS ID Number		
NOTARY'S CERT	TIFICATE OF ACKNOWLEDGEMENT	
State of		
City/County/Parish of		
On	, before me,,	
Date	_, before me,	
personally appeared,	, and provided to me on basis of signer	
satisfactory evidence of identification	Type of government-issued photo ID provided	
to be the above-named person who signed		
Place Seal Here	Notary's signature	
	My commission expires on	
	For Office Use Only:	
	Original: YES NO	