

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

Custom Verification - Tracking Group V4

Important Notes:

Step 1: Student Information

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information, the financial aid administrator will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your application and your financial documents, Louisiana Tech will submit corrections electronically to the Federal Processor. You will receive e-mail confirmation from the Department of Education if changes to your FAFSA are processed. Complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at Louisiana Tech University. We may request additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed. Your school must review the requested information, under the financial aid program rules, 34 CFR, Part 668.

| STUDENT'S Last Name | First Name | MI | STUDENT'S CWID or SSN | |
|---|--|---|--|--|
| STUDENT'S Local Address (include Apt. No.) | | | STUDENT'S Date of Birth (MM/DD/YYYY) | |
| City | State | Zip Code | STUDENT'S Home Phone (Include area code) | |
| STUDENT'S Email Address | | | STUDENT'S Cell Phone (Include area code) | |
| Step 2: Identity and Statement of Edu | cational Purpose | | | |
| Aid to verify his or her identity by prese to, a driver's license, other state-issued tated by the institution with the date is w | nting an unexpired, d ID, or a passport. was received and re on, the student m | valid government-issued photo The institution will maintain a c eviewed, and the name of the of | uisiana Tech University Office of Financial oidentification (ID), such as, but not limited copy of the student's photo ID that is annoficial at the institution authorized to receive the institutional official, a Statement of | |
| I certify that I,Student's Print | ted Name | , am the individua | signing this Statement of Educational | |
| Purpose, and that the Federal student financial assistance I may receive will only be for educational purposes and to | | | | |
| pay the cost of attending Louisiana Tech University for the academic year, 2025-2026. | | | | |
| Student's Signature: | | | Student CWID: | |
| Financial Aid Administrator's Signature: | | | Date: | |

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If the student is unable to appear in person at Louisiana Tech University 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.

| | City/County of | | on |
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| | | | |
| fore me, | lotary's Name personall | y appeared, | |
| N | otary's Name | | Printed name of signer |
| d proved to me on basis o | of satisfactory evidence of identification | ı to be the above-nar | ned person who signed the |
| | • | | |
| egoing instrument. | | | |
| <u> </u> | Type of government-issued photo ID provided | | |
| | | | |
| TNESS my hand and of | ficial seal | | |
| | Notary's Signature | 1 | |
| | | | |
| commission expires on _ | | | |
| | Date | | Notary Seal |
| | | | · |
| tep 3: Certification and Signature | gnatures | | |
| | is worksheet certifies that all of the in and date, regardless of FAFSA Depe | | d on it is complete and correc |
| | ency Status is DEPENDENT, your pa AND you are married, then your spou | | n. If your FAFSA Dependenc |
| WARNING: If you purposel | ly give false or misleading information on this | s worksheet, you may be | e fined, be sentenced to jail, or both. |
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| Student's Printed Name: | | Student CWID: | |
| Student's Printed Name: | | Student CWID: | |
| | | Student CWID: | |
| Student's Printed Name: | | | |
| Student's Printed Name: | | | |
| Student's Printed Name: Student's Signature: | : | | |
| Student's Printed Name: | : | | |

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(Whichever is applicable)