Lakeland COMMUNITY COLLEGE	Bachelor's Certification Statement		
	La	keland ID Number	
Last Name	F	irst Name	
According to federal regulations, you indicated on your FAFSA th If this is incorrect, please check l	at you received or will re- here.	ceive a bachelor's	
	□ I do not have a bac	helor's degree.	
Student's Signature:		Dat	e:
	Return to	:	
By mail: Lakeland Community College Financial Aid Office 7700 Clocktower Drive Kirtland, OH 44094	In person: Student Service Center located in Building A	By fax: (440) 525.7704	By email: finaid@lakelandcc.edu* *Emails sent to our office must be sent from student's Lakeland email.
	For Office Use	Only	
Sent for Corrections 🗖 Yes 📮 No	Γ	Date Sent:	
Original Transaction #:			
Date Completed:	_ I:	nitials:	Revised 2-23-2018