

Unusual Enrollment Verification 2022-2023

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

Phone Number: (____) _____

The U.S. Department of Education has flagged you for having unusual enrollment. This means that you have either received the Pell Grant and/or Direct Loans from at least three different institutions over four financial aid award years or at three or more institutions within one financial aid award year. Based on this information, you are required to submit academic transcripts from each college that you have attended since 2018. Upon review of all your transcripts, you may be required to submit an Unusual Enrollment Appeal to Lakeland’s Financial Aid Office (FAO) to determine if you are eligible for federal assistance.

Please check one of the statements below:

- I have verified with the Lakeland Student Service Center that my college transcripts from each college that I have attended since 2018 are already on file with Lakeland.
- I will request that my college transcript(s) be sent directly to the Lakeland Admissions Office and will inform Lakeland’s Financial Aid Office once all my transcripts have been received.

By signing below, I certify that all the information reported to qualify for federal and state student aid is complete and accurate. **Warning: Purposely providing false or misleading information on this form is punishable by fine and/or imprisonment.**

Student’s Signature: _____

Date: _____

Complete this form and return:*

- By Fax:** 440.525.7704
- By Mail:** Lakeland Community College • 7700 Clocktower Drive • Kirtland, OH 44094-5198
- By [Secure Upload](https://lakelandcc.edu/financialaid):** Visit lakelandcc.edu/financialaid • Under Related LINKS (right side of page), select Financial Aid Documents Secure Upload link
- In Person:** Lakeland Student Service Center • located in Building A-1003

**Please do not send documents through email as it is not a secure format.*

For Office Use Only

	NSLDS	Legato/Banner	Credits Earned
<input type="checkbox"/> All Transcripts Received	_____	_____	_____
<input type="checkbox"/> All Transcripts Not Received	_____	<input type="checkbox"/>	_____
Initials: _____ Date: _____	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Transcripts reviewed. OK to Receive Aid	_____	<input type="checkbox"/>	_____

Transcripts Reviewed. Needs to Submit an Appeal.

Comments: _____

Initials: _____ Date: _____

Cancelled per Discrepancy Report Initials: _____ Date: _____