

Unusual Enrollment History Review 2024-2025

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

Phone Number: (____) _____

U.S. Department of Education regulations regarding unusual enrollment history were established to prevent fraud and abuse in the Federal Pell Grant. Your FAFSA has been flagged for the Lakeland Financial Aid Office to review your enrollment history to determine future federal financial aid eligibility. You must submit academic transcripts from each college that you have attended in the last three years. This review must be completed before your eligibility for financial aid can be determined.

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 2020 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 RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland login credentials required)
- In Person:** Lakeland Student Service Center • located in Building A-1003

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

For Office Use Only

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

Comments: _____

Initials: _____ Date: _____

☐ Cancelled per Discrepancy Report Initials: _____ Date: _____