



Office of Financial Aid & Scholarships

2024-2025 ACTIVE DUTY CERTIFICATION STATEMENT

Student's Name: \_\_\_\_\_ LSU ID: 89 - \_\_\_\_\_ - \_\_\_\_\_

*Please use only blue or black ink when completing this document.*

Yes  No Are you currently serving in the United States Armed Forces or are a National Guard or Reserves enlistee who is on active duty for other than state or training purposes?

Yes  No Are you a National Guard or reserves enlistee who is on active duty for state or training purposes?

By signing this statement, I certify that all information on this form is complete and correct. **\*If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Note: *Electronic signatures will not be accepted. You must print to sign.***

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_