

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Student Name _____	ID # _____
---------------------------	-------------------

This student is required to provide proof of **REGULAR** attendance in their classes

Fall
 Spring
 Summer Semester of the _____ Academic Year.
(CHECK ONE)

Attention faculty member: For federal financial aid purposes, please verify that this student is regularly attending your class. If the student stops attending the class but fails to drop the class, please be sure to note the last day of an academic-related activity to the final grade you assign.

If you have any questions regarding this form, please do not hesitate to contact the Financial Aid Office Director.

Subject Name/Course Number	Professor Name	Professor Signature	Date
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____
(5) _____	_____	_____	_____
(6) _____	_____	_____	_____

Student Signature: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE

Proof of Attendance for _____ has been confirmed for all classes. Date received: _____

Release of Hold completed on _____ by _____.

Internal use ONLY
 Reviewed: _____
 Scanned: _____

ATTEND-A7

RETURN FORMS TO:
 Lake Superior State University
 Financial Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Phone: 906-635-2678
 Fax: 906-635-6669
 Email: finaid@lssu.edu