



Notarized Identity Verification Form

PRINT NAME:			
PRINT NAME: (First Name, Middle Init	tial, Last Name)		
E-mail Address (Required):			
Address:	State:	Zip Code:	
Name and address of School, Library, District, Company			
I hereby represent that all above information is true and Signature:			
(Sign in the Presence of a Notary)			
State of County of I hereby certify that on thisday of			
i hereby certify that on thisday of	, 20		
To be completed by notary			
Requirement #1 Personally appeared before me the signer and subject of presence, and presented the following form of identification of Driver's License or Govt. Identification Card Driver's License or Govt. Identification Card U.S. Passport U.S. Military ID Card State Identification Card Social Security Card Birth Certificate Other: (provide description) Requirement:			
Employment: Employment ID/Badge Paystub Other:			
Notary Public:	Reserved fo	r Notary Seal	
(Print Name) My Commission Expires:			
Notary Public Signature:			
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