# 2019-2020
# NOTARIZED STATEMENT

## Section A: Student Information

Last Name | First Name | M.I.

Student ID Number (EMPLID) | Social Security Number

@email.vccs.edu

Phone Number | Student Email Address

## Section B: Please complete the information below. *Note: The Financial Aid Office reserves the right to request additional documentation, if needed.

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**DO NOT SIGN THIS FORM UNTIL A NOTARY IS PRESENT.** By signing this statement, I (we) certify that all of the information reported is complete and correct. I (we) further understand that purposely giving false or misleading information regarding eligibility for federal aid may result in fines, jail terms or both.

_____ _____ _____ _____

**Student Signature** **Date** **Parent Signature** **Date**
(Dependent students only)

State of Virginia; County of Chesterfield, to wit: the foregoing statement was acknowledged before me this _____ day of _____, 20____, by _____.
My Commission expires_____, 20____.

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**Notary Public**