



PLEASE RETURN THIS COMPLETED FORM TO:
Attention: Registrar’s Office
55 Paul J. Manafort Drive, New Britain, CT 06053
Fax: 860.760.6918 | Email: registrar@charteroak.edu

Identity Verification Form

SECTION I (To be completed by Student)

Print Full Name (First, MI, Last) _____ Gender _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip _____
Phone Number _____ Personal E-mail Address _____

I hereby represent that all above information is true and accurate.

Student Signature (*Sign in the presence of a Notary*) _____ Date _____

SECTION II (To be completed by Notary Public)

State of: _____ County of: _____

I hereby certify that on this _____ day of _____, 20____,
_____ personally appeared before me the signer and subject of the above form, who
signed or attested to the same in my presence, and presented the following two forms of identification as proof of his/her identity:

- ID Type (Check two):** State issued Driver License State issued IDs Passport Military IDs
 Government ID Cards Tribal Cards Social Security Card Birth Certificate

My Commission expires: _____

Notary Printed Name _____

(Notary Seal Here)

Notary Signature _____