



2023-2024 NOTARIZED STATEMENT

Section A: Student Information

Last Name First Name M.I. Student ID Number (EMPLID) Social Security Number Phone Number Student Email Address @email.vccs.edu

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

Blank lines for student information.

DO NOT SIGN THIS FORM UNTIL A NOTARY IS PRESENT. By signing this statement, I (we) certify that all 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 (Dependent students only) Date

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

My Commission expires _____, 20____.

Notary Public