



2025-2026 NOTARIZED STATEMENT

Section A.

Student Name (First, Middle Initial, Last Name):

Student ID Number:

Student Email Address:

Section B.

Please complete the information below. Note: The Financial Aid Office reserves the right to request additional information, if needed, to resolve any conflicting information.

DO NOT SIGN THIS FORM UNIL 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. **Please note:** Typed signatures are not accepted at this time. You must sign by providing written signatures on documents before submission to the office.

Student Signature:

Date:

Parent Signature (for 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 Signature:

Completed forms can be emailed to financialaid@brightpoint.edu, faxed to 804-594-1630, or submitted in person by visiting the Financial Aid office. Office of Financial Aid: 13101 Route 1, Chester, VA 23831