



Identity Verification Form

Full Name (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

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

Signature (sign in presence of Notary): _____

COUNTY OF _____)

STATE OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me OR has provided _____ as identification.

(SEAL) _____

Name: _____

NOTARY PUBLIC

STATE OF _____ AT LARGE

Commission Expires: _____

Rights to Education Records: Florida State Statute 1002.22 and Rule 6A-1.0955 (F.A.C.) - The district shall comply with a request within a reasonable period of time, but in no case more than thirty (30) days after it has been made.