



2024-2025 NOTARIZED STATEMENT

Section A: Student Information

Last Name First Name M.I. Student ID Number (EMPLID) @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.

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 Date (Dependent students only)

State of ; County/or City of , to wit: the foregoing statement was acknowledged

before me (Notary's Name) this (Day) day of (Month), 20 (Year).

WITNESS my hand and official seal

My Commission expires on (Notary Signature)