

Office of Financial Aid

13101 Jefferson Davis Highway
Chester, VA 23831
Chester (804) 706-5236• (804) 706-5083 Fax
Midlothian (804) 594-1550 • (804) 594-1630 Fax

NOTARIZED STATEMENT BY STUDENT

Section A: Student Information			
Last Name		First Name	M.I.
Student ID Number (EMPLI	D)	Social Secu	rity Number
Phone Number		Student En	nail Address
Section B: Please compleadditional documentation, if need		ation below. *Note: The Financial Aid	Office reserves the right to request
		NOTARY IS PRESENT. By sign	
		mplete and correct. I (we) further g eligibility for federal aid may re	understand that purposely giving sult in fines, jail terms or both.
Student Signature	Date	Parent Signature (Dependent students or	Date lly)
State of Virginia; County of	of Chesterfield, to	o wit: the foregoing statement was a	acknowledged before me
My Commission expires_	, ·	20, by, 20	
			Notary Public