Form: **D/I-04** 

Parent Signature (optional)

## 2026-27 Identity Verification



1 College and Main, Columbus, Ohio 43209

A. Student Information				,
A. Student Injormation				
Last Name	First Name	Da	te of Birth	Capital Student ID
Preferred Phone Number	Home Ph	none Number		
B. Identity Certification				
The student must provide the following to $0$	o verify their identity Office <u>OR</u> in the pr		-	al University's Financial Aic
(a) A copy of an unexpired valid government such as but not limited to a driver's license			at is acknowledge	ed in the notary statement below,
*The certification below, only ne		you are NOT Aid Office.*	going to app	ear in person to Capital's
Not	tary's Certificate of	f Acknowledge	ement ***	
State ofCity/Count	y of		on	(date), before me,
, per (Notary's printed name)	sonally appeared,	(Printed nan	ne of signer)	, and proved to me
because of satisfactory evidence of identific	cation			to be the above-named
person who signed the foregoing instrume		-	ued photo ID provi /ITNESS my ha	<sup>ded)</sup> nd and official seal
(Notary signature)				
My Commission expires on	(Date)			
*** If the Certificate of Ackr	nowledgement has be	een notarized, y	ou must provide	e the original form.
A	faxed or emailed cop	y will NOT be a	ccepted.	
C. Certification and Signatu	ıres			
By signing this worksheet, I certify that all the infoverify the accuracy of the information provided or Warning: If you purposely give false or misleading	n this completed form.		-	
 Student Signature		 Date		ksheet and a copy of your ID to:

Date