## **A**UGSBURG **U**NIVERSITY 2026-2027 IDENTITY VERIFICATION FORM

| Last Name:  | First Name:                                      | First Name:                       |            |  |
|---|--|-----------------------------------|------------|--|
| SSN:  | Augsburg ID                                      |                                   | _          |  |
| Address:  |  |                                   |            |  |
| City:   | State  | Zip Code:                         |            |  |
|   | Identity Validat                                 | on                                |            |  |
| If the student is unable to appear in person at a<br>(a) A copy of the valid government | t-issued photo ident<br>imited to a driver's lic | • •                               | he notary  |  |
|   | Statement of Ide                                 | tity                              |            |  |
| I certify hereby represent that all abov  | e information is true                            | and accurate                      |            |  |
| dent Signature:   |  | Date:                             |            |  |
| Notary's  | Certificate of Ackn                              | owledgement                       |            |  |
| State of  | City/County of _                                 | City/County of                    |            |  |
| On, before me, _  |  |                                   | ,          |  |
| (Date)  |  | ary's Name)                       |            |  |
| personally appeared,(Printe   | d Name of Signer)                                | , and provided to m               | e on basis |  |
| of satisfactory evidence of identification  | - '  |                                   |            |  |
| or satisfactory evidence of identification  |  | ernment-issued photo ID provided) |            |  |
| to be the above-named person who signed the   | foregoing instrumen                              | i.                                |            |  |
| WITNESS my hand and official seal   |  |                                   |            |  |
| •   |  | (Notary Signature)                |            |  |
|   | My commis  | sion expires on                   |            |  |

(Date)

(seal)