



DE ANZA COLLEGE

STUDENT IDENTITY VERIFICATION AFFIDAVIT

SECTION 1: STUDENT / IDENTIFIER INFORMATION

Full Legal Name:

*****OpenCCC ID:**

Current Residential Address (Street, City, State, Zip Code):

Date of Birth:

Email Address:

SECTION 2: IDENTIFICATION PROVIDED

Select Type of Government-Issued Photo ID Presented:

☐ State Driver's License ☐ State Identification Card ☐ U.S. / Foreign Passport

ID / Document Number:

Issuing State / Jurisdiction:

Issuance Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

SECTION 3: STUDENT AFFIDAVIT / STATEMENT OF INTENT

I, _____ (Print Full Legal Name), hereby affirm under penalty of perjury that the government-issued photo identification specified above is valid, unexpired, and legally belongs to me. I am presenting this identification in person to the notary public for the purpose of establishing and verifying my identity.

Student Signature:

Date (MM/DD/YYYY):

***Instructions:** Please complete all sections of this form, sign, and notarize it. Email this completed form, notary certificate, along with a copy of your state issued ID to this email address: **webregda@fhda.edu**. Please allow 7-10 business days for processing.