

## Verification of Adult Information

Student Name: \_\_\_\_\_

Local ID: \_\_\_\_\_

---

Full Name of Adult Enrolling Above Named Student:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

Address of Adult Enrolling Above Named Student:

\_\_\_\_\_  
Lot and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Date of Birth of Adult Enrolling Above Named Student:

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date