

LASES # _____
DOCKET # _____

Verification of Information Sheet

Date: _____

Mother/Father/Guardian's Information

Full Name: _____ DOB: _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security Number _____ - _____ - _____ City / State of Birth: _____

Driver's license _____ State _____ Identifying Marks/Scars/Tattoos _____

Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Employment Information

Company: _____ Phone: _____

Address: _____ Fax Number: _____

Start Date: _____ Job Title: _____

Health Insurance Information

Does your employer offer health insurance? YES NO Do you have coverage? YES NO

Have you obtained health insurance coverage for your dependent children? YES NO

Name of Health Insurance Company _____

Address _____ Phone _____
City State Zip

IF ANY TYPE OF INSURANCE IN PLACE, YOU MUST PRESENT CARD SO A COPY CAN BE MADE

Your Parent's Information

Mother's Name: _____ Phone: _____ Deceased YES NO

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____ Deceased YES NO

Address: _____ City: _____ State: _____ Zip: _____

Disclaimer and Signature

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____