



IDENTITY VERIFICATION

Form of Documentation (circle one):

Passport	VA Public School Record	Hospital Birth Record	Original or certified copy of Birth Certificate
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Date of Birth	Number	Date Issued
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Place of Birth:

Country	State
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FREDERICKSBURG ACADEMY Personnel Only:

Date Viewed	Personnel Viewing Document Name	Personnel Viewing Document Signature
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Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____