**Identity Verification Form**

**HSC Replacement IDs- $20**

Legal Name: \_\_\_ Tech ID (R#):\_\_ \_\_

Last, First, Middle

Physical Address:

City: State: Zip: Country:

Date of Birth: Phone:

Non – TTU eMail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a veteran? \_ \_\_\_ If yes, would you like this designation on your ID? \_\_\_\_\_\_\_\_\_

**HSC School Affiliation (Please Circle)**

**Medicine Nursing Biomedical Pharmacy Professions**

Office use only- verified with school? ID Maintenance fee paid?

Signature of Individual Appearing Date  
(Must be in presence of the Notary)

Before me, the undersigned notary public, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, proven to me by a non-expired identification card issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (federal government or any state government that contains the photograph, name, date of birth, signature of affiant) to be the person whose information is subscribed above and acknowledged to me that the information is true and correct.

Given under my hand and seal of office this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 .

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
My commission expiration date