CSN COLLEGE OF SOUTHERN NEVADA

OFFICE OF FINANCIAL AID

ADDRESS VERIFICATION FORM

NOTE: You MUST appear in person to complete this form. If you cannot appear in person, you can mail this form with a Notary's seal and signature. Electronic, faxed, or scanned copies WILL NOT be accepted. This is **NOT** a Residency Appeal and will not be used for such purposes.

A. STUDENT INFORMATION

_____

NSHE ID EMAIL ADDRESS PHONE NUMBER (WITH AREA CODE)

_____

LAST NAME FIRST NAME M.I.

_____

PERMANENT ADDRESS CITY STATE ZIP

B. CERTIFICATION OF ADDRESS

The student must appear at the **COLLEGE OF SOUTHERN NEVADA** to verify his or her identity by submitting any TWO (2) of the following:

- ☐ Utility or Credit Card bill issued within the last 90 days;
- ☐ Original Deed, Mortgage, or Property Tax bill, statement or receipt from the past year;
- ☐ First-class mail received from any federal, state or local government agency within the past 90 days;
- ☐ Checking or savings account from a bank or credit union issued within the past 60 days;
- ☐ Original lease or rental agreement.

NOTE: The above listed documents must show the student's name *and* address to be valid.

C. NOTARY'S CERTIFICATE OF KNOWLEDGE

State of _____ City/County of _____ On _____ before me, _____
Date Notary's Name

And proved to me on basis of satisfactory evidence of _____ and _____ to determine
Proof of Address #1 Proof of Address #2

The above-named person is living at the foregoing address.

WITNESS my hand and official seal

_____ _____
Notary Signature Date Commission Expires

(seal)

D. CERTIFICATION AND SIGNATURE

The person signing this worksheet certifies that all of the information on it is complete and correct. **WARNING: IF you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____ _____
Student Signature Date

W. CHARLESTON CAMPUS **CHEYENNE CAMPUS** **HENDERSON CAMPUS** **RURAL CAMPUSES**