



Yosemite Community College District
Human Resources

VERIFICATION OF IDENTITY

Please provide a valid state issued photo identification, state issued driver's license, or US Passport to verify identity.

Completed by Volunteer

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

City _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Volunteer Signature: _____ Date: _____

Department Verification

Type of Identification:

State Issued Photo ID

State Issued Driver's License

US Passport ID

Number# _____ Exp. _____

I have viewed the original photo ID provided by above volunteer and verify that the above person's identity is valid to the best of my knowledge.

Printed Name of Verifying Official: _____

Department & Position Title: _____

Signature: _____ Date: _____