

ATTESTATION REGARDING IDENTIFICATION

Instructions: This form must be filled out completely by the individual making the attestation of his/her identity. It must be accompanied by the completed volunteer application with which it is associated, a TB Clearance illustrating the same named individual if applicable, and proof of residence address (Electric, Gas, Phone Bill, Mortgage or Rental Receipt).

Name: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

I hereby declare under penalty of perjury that I am the individual named above and further testify that my identity as represented to the Paramount Unified School District on this Attestation and on my Volunteer Application is truthful and accurate.

I understand that my name, address, birth date and other information provided to the District will be used to secure background information to assure safety of students, staff and community.

Volunteer Signature

Date

Witness

Date