

Student Name: _____ Student's ID Number: _____

Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____
Date *(Notary's name)*

Personally appeared, _____
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Seal) *(Notary signature)*

My commission expires on _____
(Date)