



Student I.D. _____
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**Affidavit of Birth Date**

The undersigned declares under the penalty of perjury under the laws of the State of California that he/she has direct knowledge that:

Please Print: \_\_\_\_\_

Legal Last Name

M.I.

Legal First Name

Was born on: \_\_\_\_\_

Month/Day/Year

Place of Birth: \_\_\_\_\_

City

State

Country

Name of natural father \_\_\_\_\_

Last

M.I.

First

Name of natural mother \_\_\_\_\_

Last

M.I.

First

I understand that any statement made falsely on this form will constitute perjury. I further understand that Visions In Education may seek legal recourse against an individual committing perjury in declaration. I also understand that Visions may cancel any transaction which involved the enrollment of \_\_\_\_\_, for which the information given in this declaration was used.

In witness whereof I hereby sign my name on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of person signing this declaration (*please print*):

\_\_\_\_\_

\_\_\_\_\_

Relationship to Student

\_\_\_\_\_

Signature