ID Verification

Client: _____

DOB: _____

Staff (Verifier): _____

ID Type _____

ID Number _____

Last 4 digits of ID number _____

Expiration date _____

ID photo upload _____

☐ I confirm this ID is valid.

Staff initials (ID verified) _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____