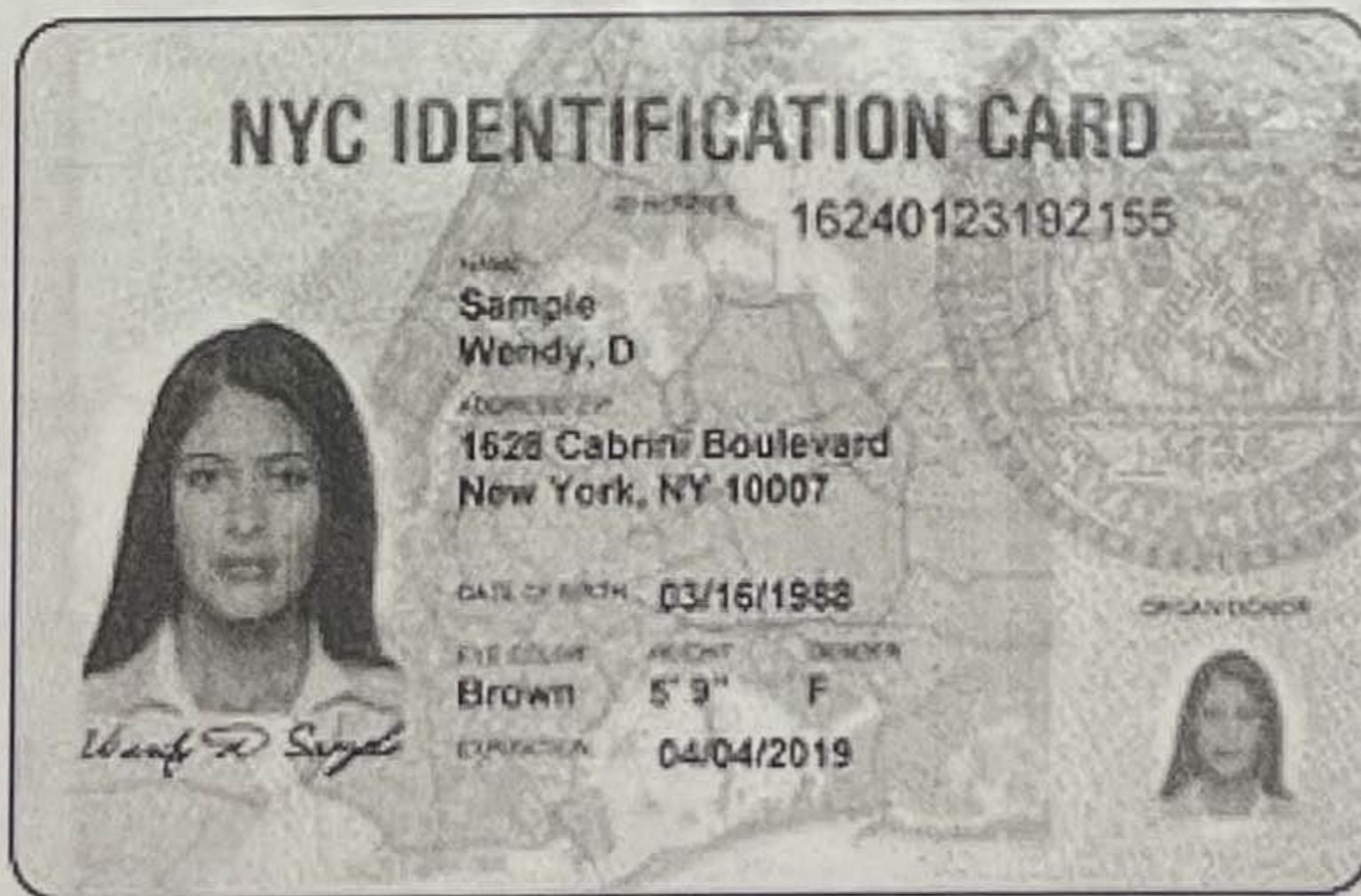
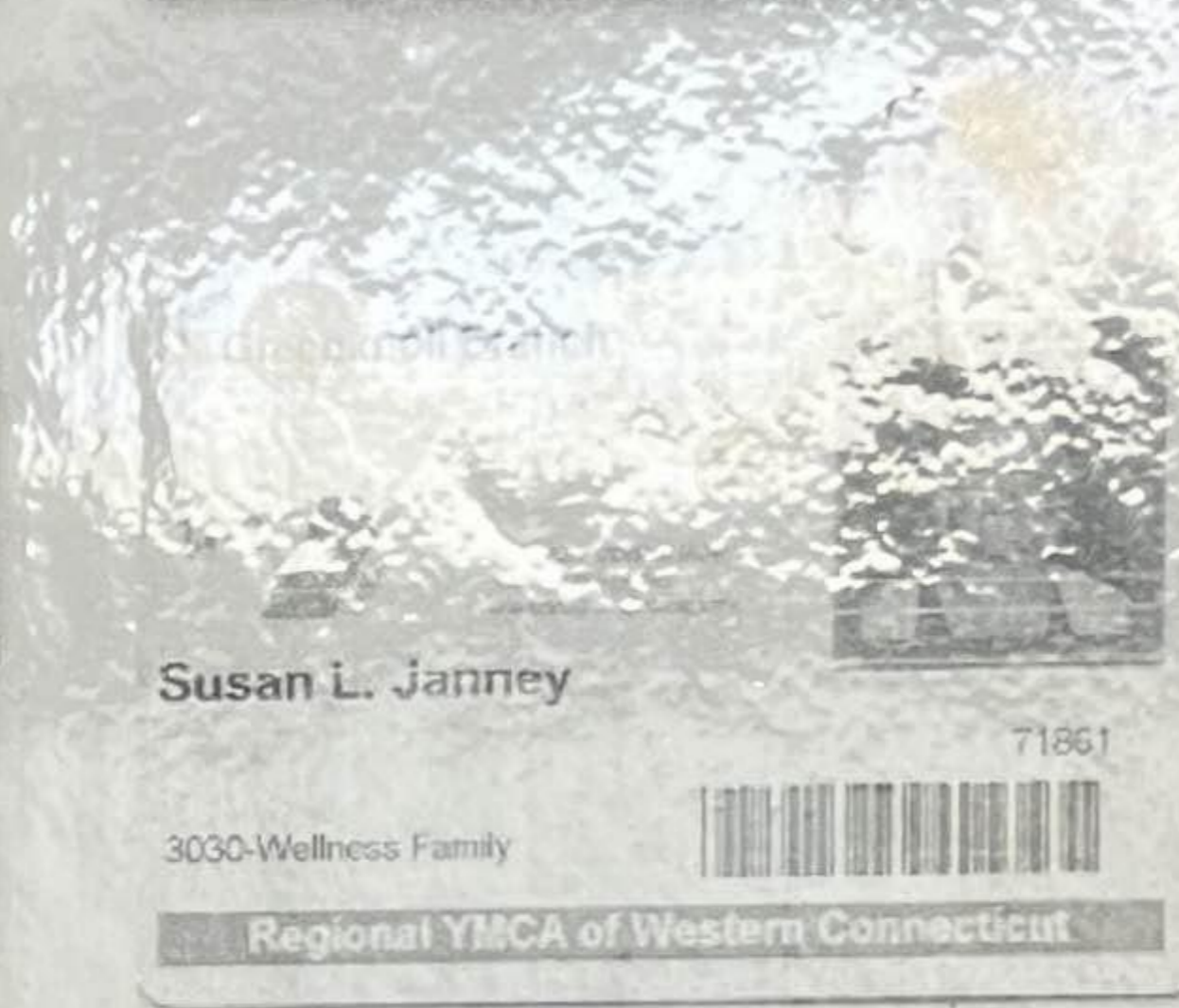
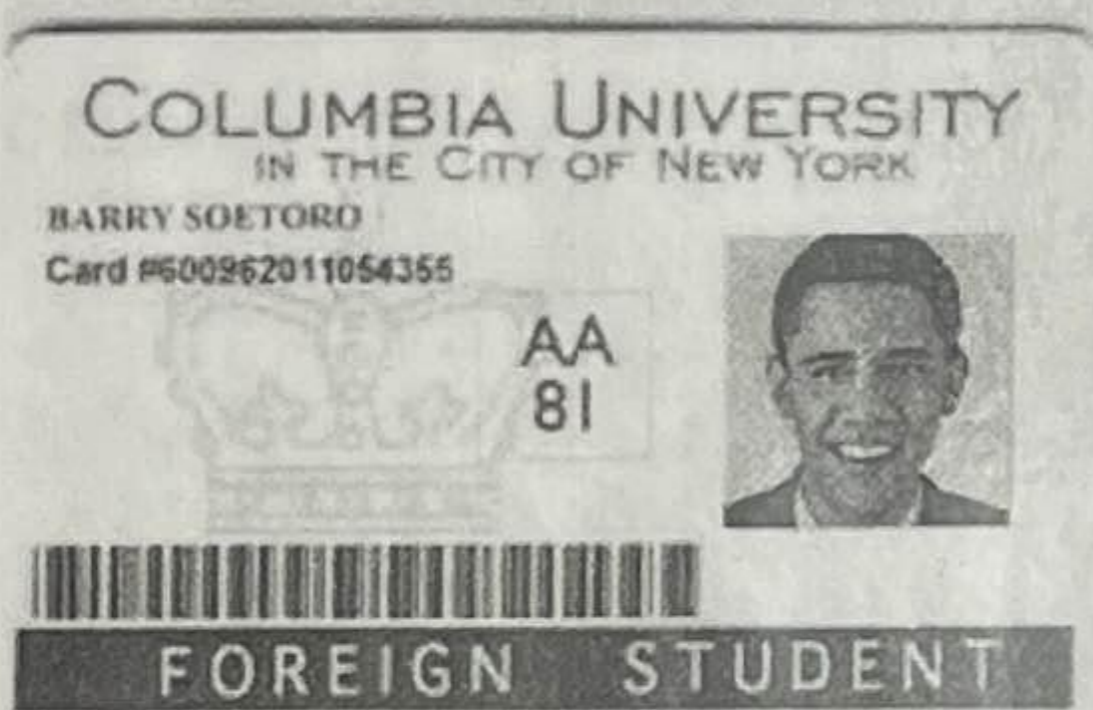
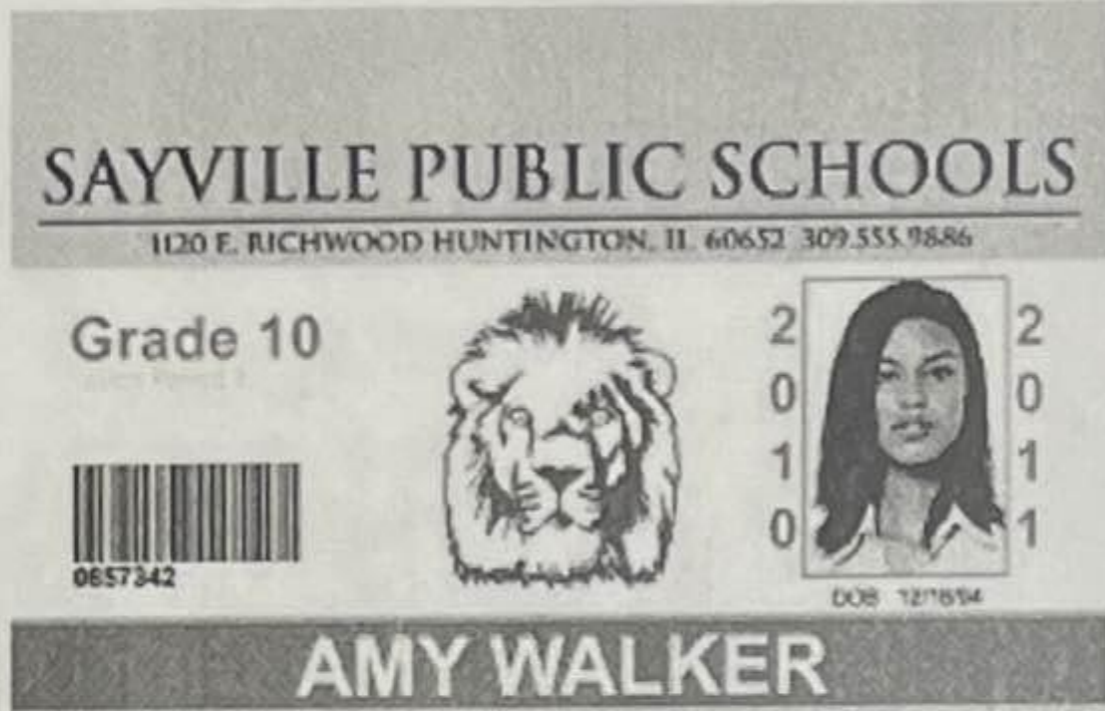


SAMPLE

1. Proof of Identity



YOU CAN ALSO UPLOAD A U.S. PASSPORT (TOP & BOTTOM) FOR AN OFFICIAL PICTURE ID. MAKE SURE IT IS SIGNED!

**Official Picture ID
(School, City, State or Government Issued ID)**

OFFICIAL PICTURE ID CANNOT BE EXPIRED!

SAMPLE

© Can Stock Photo

2. Proof of Employment

Authorization

Report Card

Voter's Registration Card

(dated within the last 6 mos.)

NYC Department of Education
Report Card for the Year Ending 2016
NYC Student Information System (NYC SIS)

Student Name: [Redacted]
Grade: [Redacted]
School: [Redacted]

Report Card Summary:
Overall Score: [Redacted]
Mathematics: [Redacted]
Language Arts: [Redacted]
Science: [Redacted]
Social Studies: [Redacted]
Physical Education: [Redacted]
Art: [Redacted]
Music: [Redacted]

Blank report card template with columns for Student Name, Grade, School, and various subject scores.

Voter's Registration Card
2016 - 2017 Sample

Secretary of State's Office
Division of Elections
100 NASSAU ST. 10TH FL.
NEW YORK, NY 10038
www.elections.ny.gov

RETURN SERVICE REQUESTED

VOTER REGISTRATION CERTIFICATE
CITIZEN SOCIETY (Number of Copies)

CONGRESS (Congressional District)	STATE SEN. (State Senate District)	STATE REP. (State Assembly District)	COM. (County)

NAME AND ADDRESS (Last, First, Middle Initial)
[Redacted]

U.S. Military Card / Draft Record

UNITED STATES UNIFORMED SERVICES
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

NAME: [Redacted]
GRADE: SSG / E7
SERIAL NUMBER: 1401762150
MOS: C11

NAME: [Redacted]
GRADE: [Redacted]

IDENTIFICATION AND PRIVILEGE CARD

Official School Transcript

New York City Department of Education
Student Permanent Record

Student Name: [Redacted]
Grade: [Redacted]
School: [Redacted]

Transcript Summary:
Overall Score: [Redacted]
Mathematics: [Redacted]
Language Arts: [Redacted]
Science: [Redacted]
Social Studies: [Redacted]
Physical Education: [Redacted]
Art: [Redacted]
Music: [Redacted]

SELECTIVE SERVICE SYSTEM
REGISTRATION CARD

NAME OF REGISTRANT: [Redacted]
DATE OF BIRTH: [Redacted]
PLACE OF BIRTH: [Redacted]

REGISTRATION STATUS: [Redacted]

REGISTRATION NUMBER: [Redacted]

REGISTRATION DATE: [Redacted]

REGISTRATION TYPE: [Redacted]

REGISTRATION STATUS: [Redacted]

REGISTRATION NUMBER: [Redacted]

REGISTRATION DATE: [Redacted]

REGISTRATION TYPE: [Redacted]

NYS Driver/Non Driver License

NEW YORK STATE
DRIVER LICENSE

123 456 789
MOTORIST
MICHAEL, M
2345 ANYWHERE STREET
YOUR CITY NY 12345

DOB: 08/31/1978
EXPIRES: 08/31/2021

CLASS: D
SEX: M
HAIR: B
EYES: B

ISSUED: 08/31/2013

ID Number

Document Number

YOU CAN ALSO UPLOAD A U.S. PASSPORT (TOP & BOTTOM) FOR EMPLOYMENT AUTHORIZATION. MAKE SURE IT IS SIGNED AND NOT EXPIRED!

SAMPLE

© Can Stock Photo

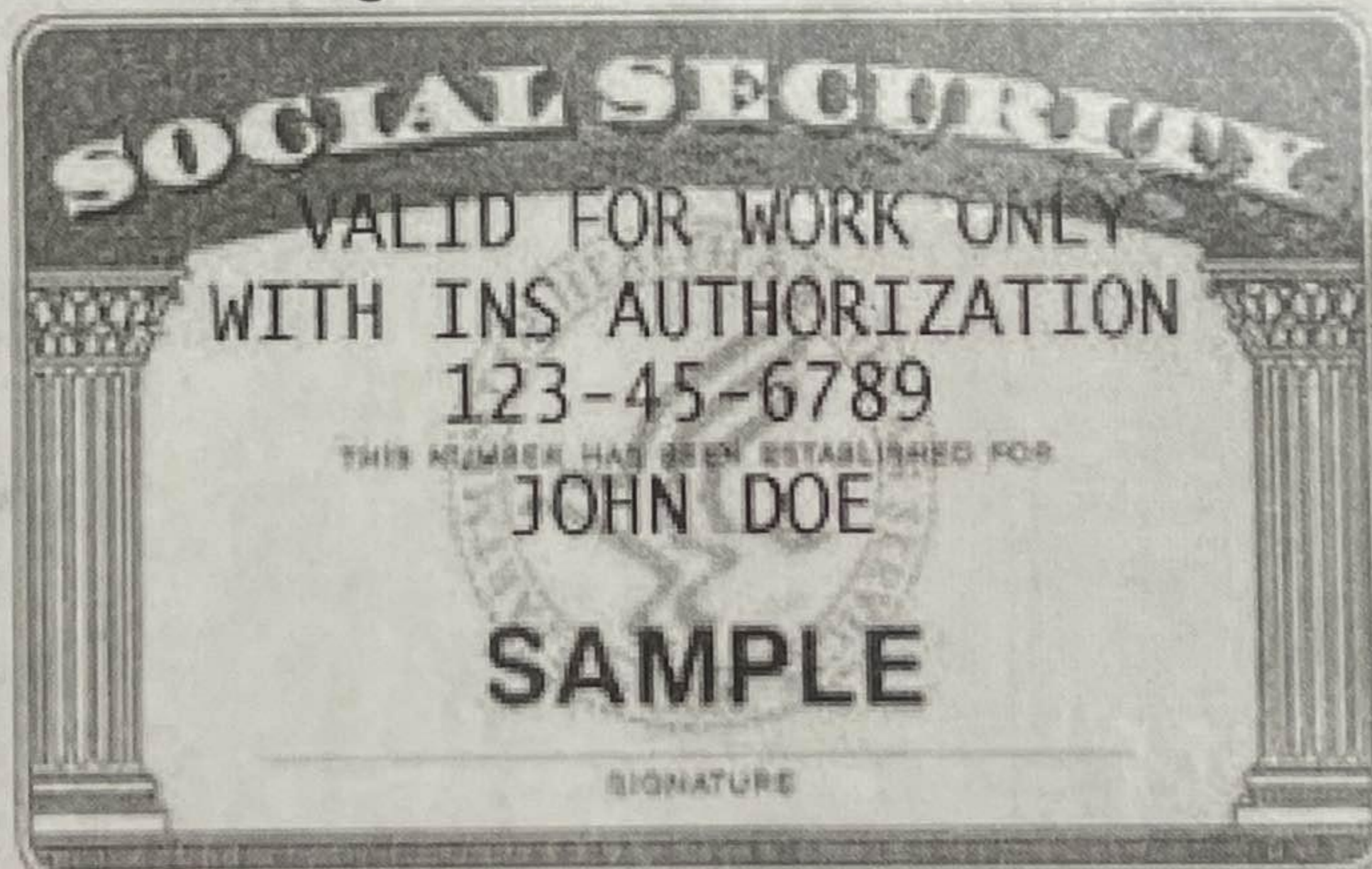
4. Proof of Social Security Number

Regular Social Security Card



MAKE SURE YOUR SOCIAL SECURITY CARD IS SIGNED!

You must have your Employment
Registration Card



MAKE SURE SOCIAL SECURITY CARD IS SIGNED!

SAMPLE

© Can Stock Photo

5. Working Paper

Working paper Only 16 –17
Green Card

STATE OF ALBANY

THE UNIVERSITY OF THE STATE OF ALBANY
THE STATE EDUCATION DEPARTMENT
ALBANY, N.Y.

Notation for
Valid for Entry

EMPLOYEE OF A HOUSE **16 or 17** YEARS OF AGE
Employed in the School Work Department
is Not Required

This certificate expires the day preceding the anniversary of the day

Name of Student

Name of School

Name of Birth

Social Security Number

Signature of Parent or Person in Charge (if over 18)

School Building and Public School District

Signature of Issuing Official

K-16, 471 E. P. Williams & Sons, P.O. Box 421, Albany, N. Y. 12201

ONLY IF YOU ARE 16-17. MUST BE SIGNED!

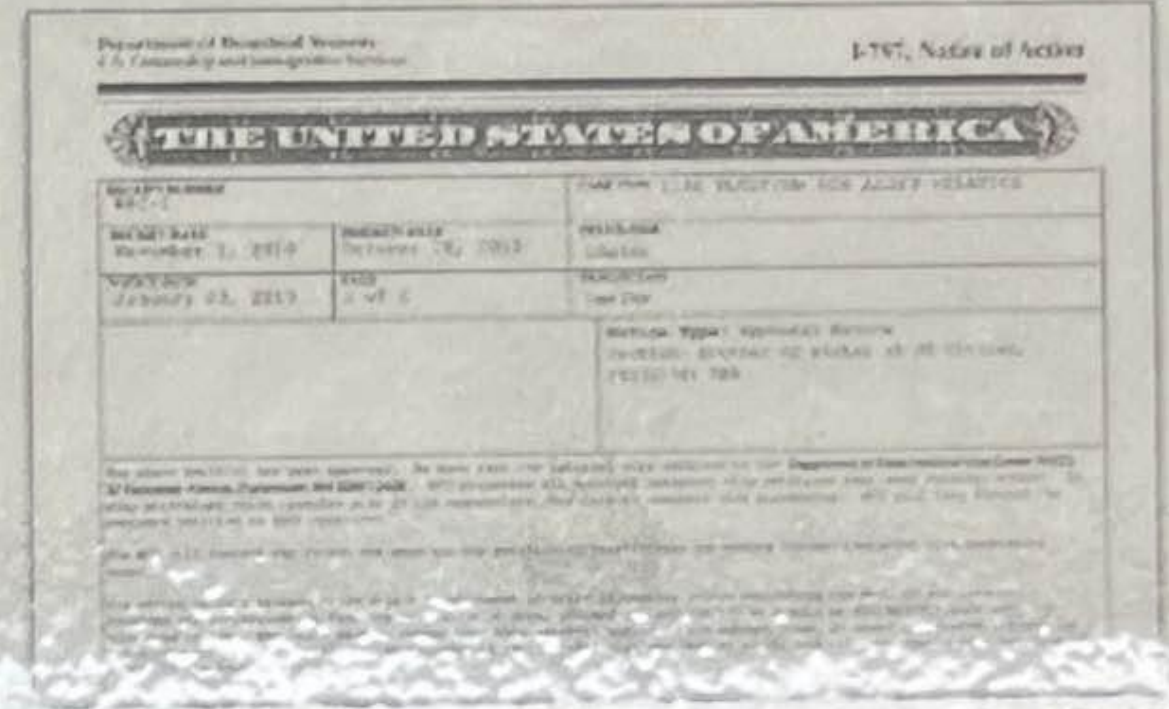
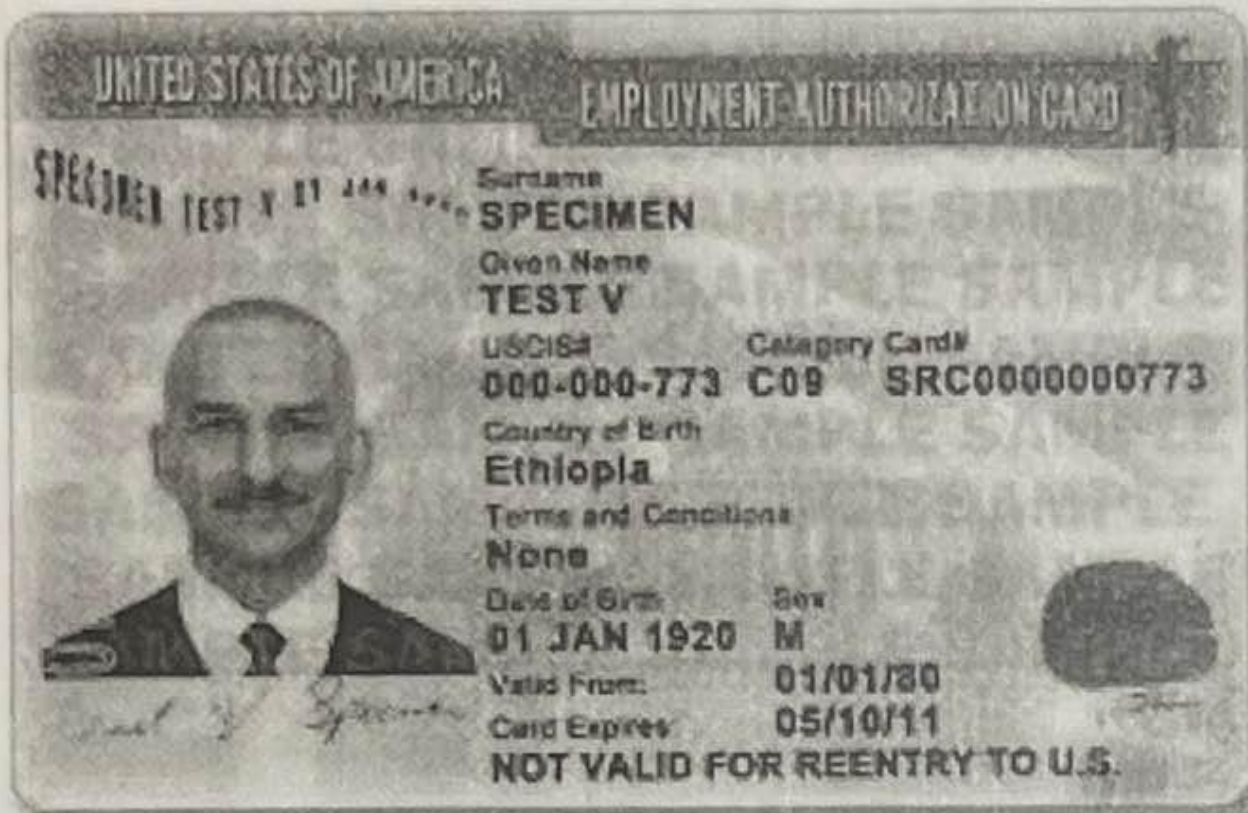
SAMPLE

© Can Stock Photo

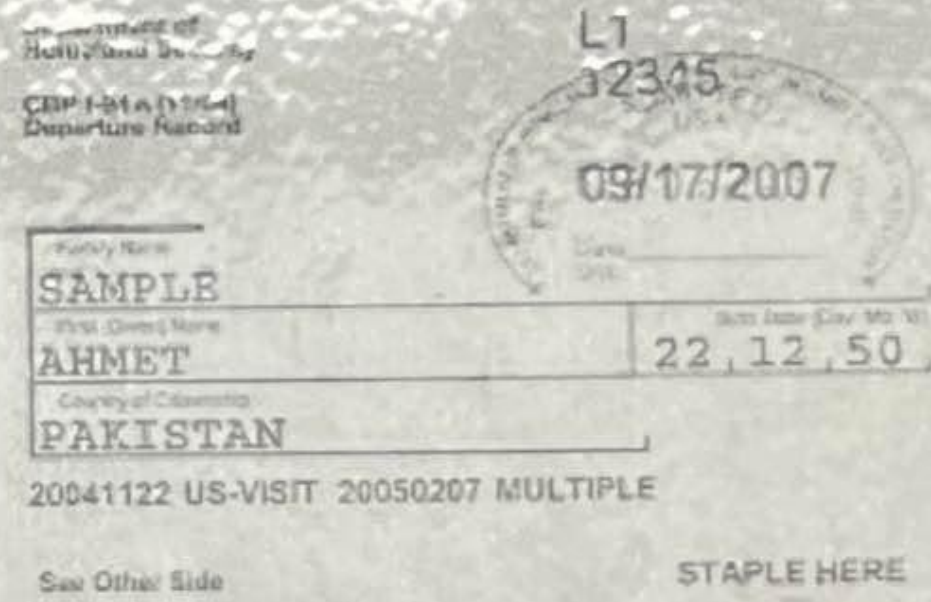
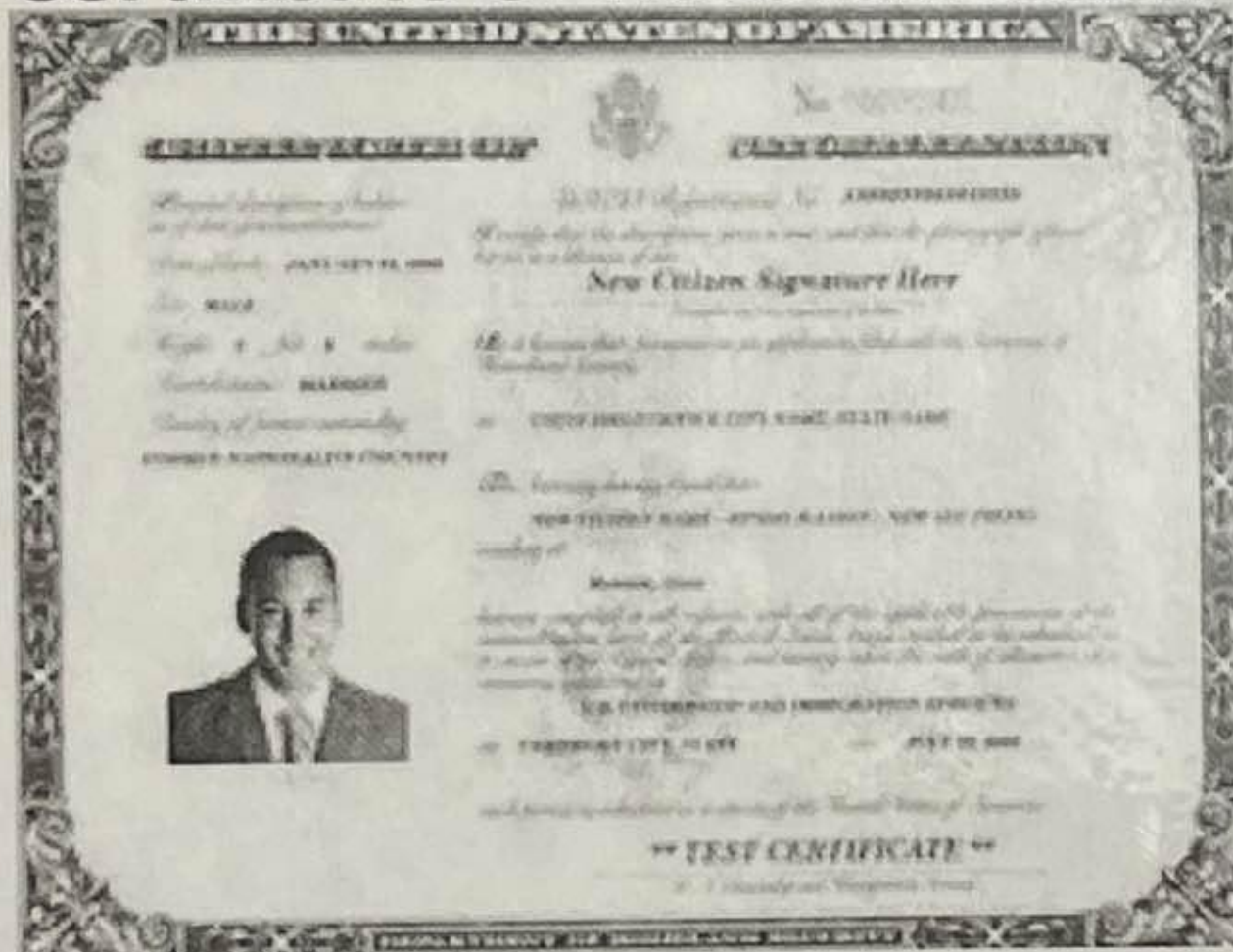
6. Proof of Citizenship /Alien Status

Employment Registration Card

I-94, 1-551, or I-797



Certificate of Naturalization



Alien Registration Card
It can't be expired



Valid U.S Passport
It can't be expired



Birth Certificate

UnitedHealthcare Insurance Company
P.O. Box 30555
Salt Lake City, UT 84130-0555



<<Date>>

<<Member name>>
<<Address>>
<<City, State ZIP code>>

Re: Hospital contract approved

Dear Valued Member:

At UnitedHealthcare, we are committed to supporting your access to quality, affordable health care through a broad national network. We are pleased to tell you that we are further strengthening this commitment with a successfully negotiated contract between UnitedHealthcare and [Rockville General Hospital / Manchester Memorial Hospital].

[Rockville General Hospital / Manchester Memorial Hospital] will continue to be part of our national network of 500,000 physicians and 4,600 hospitals. This means any eligible services you receive at [Rockville General Hospital / Manchester Memorial Hospital] will continue to be covered by your benefit plan at network levels.

If you have chosen an alternate network hospital, you can continue accessing services at that facility. Or, if you'd like to return to [Rockville General Hospital / Manchester Memorial Hospital], work with your physician to reestablish that relationship. All hospitals in our network are rated by the UnitedHealth PremiumSM designation program according to quality and efficiency standards in certain specialties. To find out how your hospital rates, please visit myuhc.com.

If you have applied for Continuity of Care in preparation of a network disruption with [Rockville General Hospital / Manchester Memorial Hospital], please know that you will not need these benefits. You can continue receiving your care at [Rockville General Hospital / Manchester Memorial Hospital] as part of your regular benefit plan at network levels.

We thank you for your patience through this negotiation process, and regret any inconveniences that occurred. If you have any questions about the UnitedHealthcare network or your benefit plan, please call Customer Care at the telephone number printed on your ID card.

Wishing you good health,

UnitedHealthcare

Sample UHC Member Letter – Self-funded Plan Members

NO INSURANCE CARDS WILL BE ACCEPTED!!!
ONLY INSURANCE LETTERS!!!
HEALTH, PET, CAR INSURANCE LETTERS ARE ACCEPTED!!!



America's Most Convenient Bank®

E STATEMENT OF ACCOUNT

MR JOHN DOE
2 POST ALLEY,
SEATTLE, WA 98101

Page: 1 of 7
Statement Periods: Jan 01 2022-Jan 30 2022
Cust Ref #: 43543565734.719.7.***
Primary Account #: 123-4567890

Upcoming REG CC Changes Effective July 1, 2020

Reminder: We have updated our policy to comply with the upcoming Regulation CC Changes. TD Banks Funds Availability policy will continue to make \$100 available immediately at the time of deposit & the remaining funds will be available by the end of the next business day. Sometimes we may need to place a hold to verify funds are available. If this occurs, we will make an additional \$125 available by the end of the first business day after we receive your deposit if a hold is applied. For additional information, please refer to the Funds Availability Policy in the Personal Deposit Account Agreement & Business Deposit Account Agreement, available at td.com

TD Business Premier Checking

MR JOHN DOE

Account # 123-4567890

ACCOUNT SUMMARY

Beginning Balance	111,957.58	Average Collected Balance	126,613.91
Deposits	64.42	Interest Earned This Period	0.00
Electronics Deposits	71,984.68	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Checks Paid	37,025.28	Days in Period	30
Electronic Payments	166,112.54		
Other Withdrawals	44,413.00		

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
06/01	SBB MIDEPOSIT	64.42
Subtotal		64.42

Electronic deposits

POSTING DATE	DESCRIPTION	AMOUNT
06/05	CCD DEPOSIT, NYCHA REV FUND NYCHA-PROD 210194	
06/10	CCD DEPOSIT, NYCHA REV FUND NYCHA-PROD 210358	
06/19	CCD DEPOSIT, NYCHA REV FUND NYCHA-PROD 210902	
	DEBIT CARD CREDIT, AUT 062620 VISA DDA REF ULINE SHIP SUPPLIES 800 295 5510 * WI 4085404025414594	
Subtotal:		71,984.68

Checks Paid

No. Checks: 16

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
06/02	1027	8,800.00	06/02	2002*	1,131.47
06/17	1030*	3,000.00	06/11	2009*	710.39
06/22	1031	6,000.00	06/08	2010	760.25
06/26	1032	6,859.00	06/02	2011	969.96
06/29	1033	5,000.00	06/01	2012	511.43

BANK OR CREDIT CARD STATEMENTS ARE ACCEPTED!


Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

SAMPLE

© Can Stock Photo

Please Provide Only if applicable

Registration Card For Selective Services

 Registration Acknowledgment

Local District Number: 93-0657687-6 Date of Issue: 08-14-93

Registrant's Current Mailing Address:
MICHAEL JOHN HIMLIE
25 3RD ST SW
ARMONY, MN 55939

SIGNATURE OF REGISTRANT

SSS Form SA (Apr-91)


State District Number: KXK-KX-0936 Date of Issue: 08-26-11

The Selective Service System is a Federal Government agency. This form is not for sale. Call for more information.

United States Department of Justice
Selective Service System

Dwight G. Ross

Selective Service Letter

 **Selective Service System**
National Headquarters / Arlington, Virginia 22204-1414
<http://www.sss.gov>

April 09, 2015

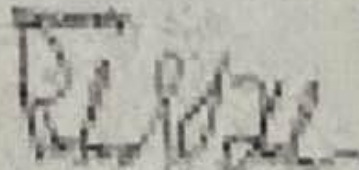
Mr. Stefan Kordecki Esq.
The Post & Final
Post Office Box 100
Stafford Springs, Connecticut 06076

Dear Mr. Kordecki:

This relates to your Freedom of Information Act letter dated March 14, 2015 to the Selective Service System National Headquarters, seeking to this office today for action. You are seeking a copy of the Agency's registration form for Mr. Richard Edward Chis, currently of Texas.

Because Mr. Chis was born after 1960, he cannot be investigated as a registrant. A copy of the automated record is enclosed. If only, there is no registration form because Mr. Chis was registered from a Post Card Application Form provided by the U.S. Department of Education. Secondly, he is registered with an effective April 18, 1968, and was assigned Selective Service Number 70-1488287-B. Thirdly, Mr. Chis has satisfied the Federal registration requirement as mandated under the Military Selective Training Act. And finally, because Mr. Chis is a female, she is not subject to military service because the draft is only for males and not for females.

Thank you for your inquiry. If you have any further questions, please feel free to contact the Office of Public and Intergovernmental Affairs at the above address. Our telephone number is (703) 628-1100.

Sincerely,

Edward G. Fahren
Associate Director of Public & Intergovernmental Affairs

Enclosure

**THIS APPLIES ONLY IF YOU ARE MALE & 18 OVER
MUST BE SIGNED!!!**