

## Citizen/Eligible Non-Citizen Affidavit Form

This form is for the collection of U.S. Department of Homeland Security (DHS) or other U.S. citizenship/ eligible non-citizenship/nationality documents from students who are unable to present their documents in person.

|                          |                   |                       |                      |
|--------------------------|-------------------|-----------------------|----------------------|
| <b>Student Last Name</b> | <b>First Name</b> | <b>Middle Initial</b> | <b>Student ID</b>    |
| <b>Address</b>           |                   |                       | <b>Date of Birth</b> |
| <b>City</b>              | <b>State</b>      | <b>Zip Code</b>       | <b>Phone Number</b>  |
| <b>Email Address</b>     |                   |                       |                      |

I certify that I, \_\_\_\_\_ (print student name), am the individual signing this statement, and I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait (or likeness). I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

List of document(s):

|                                      |                               |                                                   |
|--------------------------------------|-------------------------------|---------------------------------------------------|
| <b><u>NAME OF VALID PHOTO ID</u></b> | <b><u>EXPIRATION DATE</u></b> | <b><u>ISSUING AUTHORITY OF VALID PHOTO ID</u></b> |
|                                      |                               |                                                   |
|                                      |                               |                                                   |

|                                                                  |                                        |
|------------------------------------------------------------------|----------------------------------------|
| <b><u>NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)</u></b> | <b><u>EXPIRATION DATE (IF ANY)</u></b> |
|                                                                  |                                        |
|                                                                  |                                        |
|                                                                  |                                        |

I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided. I understand that forms submitted that are not notarized will not be accepted.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| TO BE COMPLETED BY NOTARY PUBLIC                                                                                                                                                 |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <i>If state mandated, must include embossed Notary Public seal</i>                                                                                                               |             |
| The above named person personally appeared before me and proved to me satisfactory evidence of identification, to be the above-named person who signed the foregoing instrument: |             |
| State of:                                                                                                                                                                        |             |
| County of:                                                                                                                                                                       | Expiration: |
| List Type of government-issued photo ID provided:                                                                                                                                |             |
| Notary Printed Name:                                                                                                                                                             |             |
| Notary Signature:                                                                                                                                                                | Date:       |