HOOD COLLEGE 1893

OFFICE OF FINANCIAL AID

Citizenship Affidavit Form

Last Name _____ First Name _____ M.I. _____ Student Number _____

This form is for the collection of Department of Homeland Security (DHS) or other U.S. citizenship/nationality documents from students unable to present their documents in person**. Mail this in its original form to our office along with copies of the required photo ID & citizenship document(s).** Any alterations (i.e., crossed-out information or white-out) cannot be accepted.

I certify that I, _____*(print student's full name)*, am the individual signing this statement, **and I am providing a copy of my document(s) along with a copy of a valid government-issued photo identification card bearing my portrait (or likeness).** I certify that the attached document(s) and government-issued photo identification are the true, exact, and complete copies of the originals issued to me. Please Note: **We cannot accept a copy sent via email or fax. Also, submit copies of the documents presented to the notary public.**

Required document(s):

Type of Valid Photo ID	Expiration Date of Valid Photo ID	Issuing Authority of Valid Photo ID

Type of Citizenship and/or Immigration Document(s)	Expiration Date (if any) of Citizenship and/or Immigration Document(s)

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 based on the information and documents I have provided.

_____ _____

Signature of Student ***(Ink Signature Required)*** Date

Notary's Certificate of Acknowledgement

State of _____City/County of _____on _____(date)
before me, _____(notary's name), _____(student's name)
personally appeared, and whose identity I proved on the basis of _____
(type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument and is/are the true and exact original(s) document(s) presented to me.

WITNESS my hand and official seal_____(notary signature)

My commission expires on _____(date) (seal)

_____ _____ _____

FAA Name FAA Signature Date