

Citizenship Documentation Verification Form



Name (please print) _____

Student ID # A0 _____

Degree Program: MD DVM Other _____

Current term _____

CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person.

I certify that I, _____, am the individual (Print full name) signing this statement, and 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) submitted (*Only one document is required*):

NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S) i.e. U.S. Passport, Copy of birth certificate, Certificate of Naturalization, Certificate of Citizenship	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 on the basis of the information and documents I have provided.

Student Signature: _____ Date: ____/____/____

RETURN THIS COMPLETED AND SIGNED FORM TO:
Mailing address: University Support Services, ATTN: Office of Financial Aid ▪ 3500 Sunrise Hwy., Bldg. 300 ▪ Great River, NY 11730
Fax: (631) 666-9162 ▪ E-mail: faid@sgu.edu