

OFFICE OF FINANCIAL AID 1801 HINMAN AVENUE, 2ND FLOOR EVANSTON, IL 60208-1270 (847) 491-7400

AFFIDAVIT OF CITIZENSHIP DOCUMENTS

This form is for the collection of DHS or other U.S. citizenship / nationality documents. It is available for use by students who are unable to present their original documents in person to the Office of Financial Aid. Complete and submit this form, along with copies of the citizenship documents requested on your CAESAR to-do list *and* a copy of your government-issued ID. Be sure to include a copy of both sides of each document. By completing this form, you are certifying that the attached documentation is a true, exact, and complete copy of the original documents. *Please note: To be valid, the original notarized form must be mailed to our office*.

Student Information

Name: ___

_____ Student ID# : _____

Certification Statement

I certify that I, _____ (print full 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 / likeness*. I certify that the attached documents and government issued photo identification are true, exact, and complete copies of the originals issued to me.

Complete the following for all attached documents:

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

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

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	Student ID #	Date		
Notary's Certificate of Acknowledgement				
State of				
City/County of				
		personally appeared,		
Date	Notary's name			
and provided to me on basis of satisfactory evidence of identification Printed name of signer				
Type of government-issued photo ID	provided to be the above-named person w	ho signed the foregoing instrument.		
WITNESS my hand and official seal (seal)	Notary signature			
My commission expires on				
Date				

Original must be MAILED, not faxed or emailed, to the Undergraduate Financial Aid Office, 1801 Hinman Avenue, Evanston, IL 60208