

OFFICE OF FINANCIAL AID-CHICAGO 710 N LAKE SHORE DRIVE SUITE 629 CHICAGO, ILLINOIS 60611 (312)503-8722

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				
On, before me,		personally appeared,		
Date	Notary's name			
	and provided to me on basis of satis	factory evidence of identification		
Printed name of signer				
	provided to be the above-named person who	signed the foregoing instrument.		
Type of government-issued photo ID				
WITNESS my hand and official seal				
(seal)	Notary signature			
My commission expires on Date				
Date				

Original must be MAILED, not faxed or emailed, to the Office of Financial Aid, 710 N. Lake Shore Drive Suite 629, Chicago, IL 60611