2015-2016 CERTIFICATION OF ORIGINAL DOCUMENTS
(F16CDN, F16PRC, FPLUSA)

STUDENT LAST NAME:  FIRST:  MI:  STUDENT ID #:  
PHONE:  E-MAIL:  

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

Complete this form, have it notarized and submit it to the Office of Scholarships and Financial Aid as soon as possible; the financial aid office cannot further process your financial aid without this information.

STUDENT/PARENT STATEMENT OF DOCUMENT CERTIFICATION

The person submitting this form is a:  

STUDENT ☐  PARENT ☐  

I certify that I, ________________________________, (print name) am the individual signing this statement and including a valid government-issued photo identification card bearing my portrait (or likeness) AND a citizenship or immigration document.

I certify that the attached government-issued photo identification AND citizenship or immigration documents are true, exact, and complete copies of the originals issued to me.

List of documents: Enter the name of the document for each category (you must submit BOTH types of documents).

<table>
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<tr>
<th>Name/Type of Valid Photo ID (Ex: Driver’s License, State ID, etc.)</th>
<th>Expiration Date of Valid Photo ID</th>
<th>Issuing Agency of Valid Photo ID</th>
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<tr>
<th>Name/Type of Citizenship and/or Immigration Document(s) (Ex: Permanent Resident Card (front &amp; back), U.S. passport, etc.)</th>
<th>Expiration Date (if any) of Citizenship and/or Immigration Document(s)</th>
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THIS PORTION OF THE FORM MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF ______________________________

COUNTY OF ______________________________

On this ________ day of ______________________, 20____. I attest that the attached documents are a true, exact, complete, and unaltered copies of the original documents.

WITNESS my hand and official seal ______________________________

(Notary signature)

My commission expires on ______________

(Date)

SIGN CERTIFICATION WORKSHEET

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.

Signature of Document Bearer ______________________________    Date ______________________________