

CITIZENSHIP AFFIDAVIT

Please return completed paperwork to:

Financial Aid Office
One Old Ferry Road,
Bristol, Rhode Island 02809

Phone: 401-254-3100
E-mail: finaid@rwu.edu

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

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

I certify that I, _____, (print student's 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 (or likeness). I certify 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):

NAME OF VALID PHOTO ID	EXPIRATION DATE OF PHOTO ID	ISSUING AUTHORITY OF PHOTO ID

NAME 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 on the basis of the information and documents I have provided.

Student's Signature (sign in presence of notary)

Student's RWU ID Number

Date

Notary's Certificate of Acknowledgement

State of _____ County of _____

On this _____ day of _____, 20____, _____ (printed name of signer) personally appeared before me, (check one) _____ who is personally known to me OR _____ whose identity I proved on the basis of _____, (type of government-issued photo ID provided) to be the signer of the above instrument.

WITNESS my hand and official seal.

Notary Public _____ My commission expires _____