

Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108
617-573-8470 • 617-720-3579 (fax)

2018 – 2019 DHS or US Citizenship/Nationality Documents Certification of true, exact and complete copy of the original documents

Student's Name _____ Student ID _____

According to your 2018-19 FAFSA you are required to submit proof that you are a US Citizen or proof that you are an Eligible Non-Citizen to the Office of Student Financial Services (OSFS.)

You must either present this form and your citizenship documentation in person to the Office of Student Financial Services or submit this notarized form and copies of all documents presented to the notary, to the Office of Student Financial Services. Check one option below:

- _____ I will present this form and document(s) in person to the OSFS (Notarization not required.)
- _____ I will have this form notarized and submit the form and document(s) to the OSFS.

The following section must be notarized by a Notary Public (This is only needed if the student is unable to present documents to Office of Student Financial Services in person):

I certify that I, (print student's full name) _____, am the individual signing this statement and I am providing a copy of my citizenship documents along with a copy of a valid government-issued photo ID card bearing my portrait (or likeness.)

I certify that the attached government issued photo ID and Citizenship/Immigration documents and 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 Valid Photo ID	Issuing Authority of Valid Photo ID

Name of Citizenship and/or Immigration Documents	Expiration Date (if any) of Citizenship and/or Immigration Docs

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 (*signed in presence of Notary Public)/ Date

State of _____ County of _____

Affix Notary Seal below:

I certify this to be the original document(s)

On this the _____ day of _____, 20_____.

Notary Name Here, Notary Public

My Commission Expires on _____