

Please contact our office if you need assistance completing this form.

**Suffolk University**

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

---

**2025 – 2026 Eligible Non-Citizen Affidavit**

***Certification of True, Exact and Complete Copy of the Original Documents***

According to your 2025-2026 FAFSA, you are required to submit proof that you are an Eligible Non-Citizen to the Office of Student Financial Services.

This form is for the collection of DHS documents from students unable to present their documents in person.

I certify that I, \_\_\_\_\_, am the individual (**Print student’s full name**) 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.

Please indicate the documents you are submitting. (For example, copy of Alien Registration Card or copy of I-94 from USCIS)

<u><b>NAME OF VALID PHOTO ID</b></u>	<u><b>EXPIRATION DATE OF VALID PHOTO ID</b></u>	<u><b>ISSUING AUTHORITY OF VALID PHOTO ID</b></u>

<u><b>NAME OF IMMIGRATION DOCUMENT(S)</b></u>	<u><b>EXPIRATION DATE (IF ANY) IMMIGRATION DOCUMENT(S)</b></u>

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 based on the information and documents I have provided.

**Please sign below and attach copies of your valid photo ID and your Immigration documents when you submit this form.**

\_\_\_\_\_  
**Student’s Signature**

\_\_\_\_\_  
**Student’s UID Number**  
(e.g. UID009999999)

\_\_\_\_\_  
**Date**

A "wet signature" is required, electronic signature will not be accepted.