

500 East College Street Marshall, MO 65340 (660) 831-4049 | Fax: (660) 831-4003 financialaid@moval.edu

## 2021-2022 CITIZENSHIP AFFIDAVIT

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

## **STUDENT INFORMATION**

Last Name	First Name	
/ Date-of-Birth	() Phone Number	Student ID Number

I certify that I \_\_\_\_\_\_ 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.

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

## **SIGNATURE - REQUIRED**

SIGNATURE REQUIRED

Student Signature

Date

WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.