



SAINT LOUIS UNIVERSITY
STUDENT FINANCIAL SERVICES

1 N. GRAND BLVD • DUBOURG HALL, ROOM 119 • SAINT LOUIS, MO 63103
TEL: 314-977-2350 • FAX: 314-977-3437 • SFS@SLU.EDU

Citizenship Affidavit

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

Student Name _____ SLU Banner ID _____

The information requested on this form is needed to process your application for financial aid. This form is for the collection of Department of Homeland Security (DHS) or other United States citizenship/nationality documents from students applying for Federal Student Aid (FSA) from the U.S. Department of Education.

STATEMENT

I certify that I, _____, am the individual signing this statement, and I am providing a copy of my valid government-issued photo identification card bearing my portrait (or likeness). I certify that the attached documentation of government issued photo identification is the true, exact, and complete copy of the original issued to me.

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.

☐ Original ID presented and copy attached

STUDENT'S SIGNATURE

DATE

SLU FINANCIAL AID OFFICER SIGNATURE

NOTE: Signatures must be handwritten. Computer fonts not acceptable

NOTE: Students who appear in person to the financial aid office may verify his/her identity by presenting an original valid government-issued photo ID; otherwise, student must have form notarized.

List of document(s) attached:

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)	

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ and City/County of _____ On _____
STATE CITY/COUNTY DATE

before me, _____, personally appeared, _____
NOTARY'S NAME PRINTED NAME OF SIGNER

and provided to me on basis of satisfactory evidence of identification

☐ COPY ATTACHED

to be the above named person who signed the foregoing statement.

TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED AND COPY ATTACHED

WITNESS MY HAND AND OFFICIAL SEAL

NOTARY SIGNATURE

DATE

My commission expires on: _____
DATE

CITAF

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