

# SAINT LOUIS UNIVERSITY™

## STUDENT FINANCIAL SERVICES

One Grand Blvd.  
DuBourg Hall, Room 121  
Saint Louis, MO 63103

Phone: 314-977-2350  
Fax: 314-977-3437  
Email: SFS@SLU.edu

### 2017-2018 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 2017-2018 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

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.

\_\_\_\_\_  
SLU FINANCIAL AID OFFICER SIGNATURE

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

TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED AND COPY ATTACHED

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

WITNESS MY HAND AND OFFICIAL SEAL

\_\_\_\_\_  
NOTARY SIGNATURE DATE

My commission expires on: \_\_\_\_\_  
DATE