EVANSTON OFFICE OF GRADUATE FINANCIAL AID
NORTHWESTERN UNIVERSITY
555 CLARK ST – 3RD FLR
EVANSTON, IL 60208
(847)491-8950

AFFIDAVIT OF CITIZENSHIP DOCUMENTS

This form is for the collection of DHS or other U.S. citizenship/nationality documents. It is available for use by students who are unable to present their original documents in person to the Evanston Office of Graduate Financial Aid. Complete and submit this form, along with copies of the citizenship documents requested on your CAESAR To Do List and a copy of your government-issued ID. Be sure to include a copy of both sides of each document. By completing this form, you are certifying that the attached documentation is a true, exact, and complete copy of the original documents. Please note: To be valid, the original notarized form must be mailed to our office.

Student Information

Name: ___________________________________ Student ID: _____________________

Certification Statement

I certify that I, ____________________________, (print full name), 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/likeness. I certify that the attached documents and government issued photo identification are true, exact, and complete copies of the originals issued to me.

Complete the following for all attached documents:

<table>
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<tr>
<th>Type of Valid Photo ID</th>
<th>Expiration Date of Valid Photo ID</th>
<th>Issuing Authority of Valid Photo ID</th>
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<tr>
<th>Type of Citizenship and/or Immigration Document</th>
<th>Expiration Date (if any) of Citizenship and/or Immigration Document</th>
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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 Signature ___________________________ Student ID # __________ Date __________

Notary’s Certificate of Acknowledgement

State of ____________________________
City/County of ____________________________
On ____________________________, before me, ____________________________, personally appeared, (Date) ____________________________, (Notary’s name)

_________________________ (Printed name of signer)

_________________________ (Type of unexpired government-issued photo ID provided)

WITNESS my hand and official seal ____________________________ (seal) ____________________________ (Notary signature)

My commission expires on ____________ ____________________________ (Date)

Original must be MAILED, not faxed or emailed, to the Evanston Office of Graduate Financial Aid, 555 Clark St, 3rd Flr, Evanston, IL 60208