SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Student Financial Aid

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Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2024-2025 Citizenship Affidavit

CITAFF

Student NameUniv. ID#				
ONLY COMPLETE THIS FORM IF YOU	J ARE SUBMITTING A	A COPY AND NO	OT VISI	FING OUR OFFICE IN PERSON.
CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS				
A NOTARY SIGNATURE AND SEAL IS Notaries can often be found at local banks, cre available but some charge fees.				
I certify that I,, am the individual signing this statement, and (Print student's full name)				
(Print student's full I am providing a copy of my documents along my portrait (or likeness). I certify that the atta exact, and complete copies of the originals iss List of attached document(s):	g with a copy of a validached document(s) and	l, government-is	sued ph	oto identification card bearing
		TION DATE		ISSUING AUTHORITY
				<u> </u>
TYPE OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)		EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)		
	2.11(8)	111 (2)	/OIL IIV	in notice to contact (c)
I certify that ALL of the information on this form is complete and		correct.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.	
Required Student Signature		Date		
NOTA	ARY CERTIFICATE	OF ACKNOW	LEDG	EMENT
State of	on,			
	(Date)			
before me,(Notary's name) personally appeared, personally known to n subscribed to the within instrument and ack and that by his/her/their signature on the ins instrument.	ne or proved to me on a mowledged to me that	the basis of satis he/she/they exec	factory cuted the	e same in his/her/their authorized capacity,
WITNESS my hand and official seal				
(Notary signature) My commission expires:				(Seal)

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.