

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

| Citizenship/nationalit present their document | _ | | ents unable | e to |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------|-------------|----------------------|
| I certify that I,, am the individual (Print student's full name) | | | | |
| 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. | | | | |
| LIST OF DOCUMENT(S): | | | | |
| NAME OF VALID PHOTO ID | VALID PHOTO ID | | VALID PHO | UTHORITY OF TO ID |
| | | | | |
| NAME OF CITIZENSHIP AND/OR IMMIGRATION | | EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR | | |
| DOCUMENT(S) | | 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. | | | | |
| Student's Signature (in presence of notary) *********************************** | | | | |
| | | | | |
| State of Subscribed and sworn to (o This day of By Personally known Of Of State of Of Subscribed and sworn to (o This day of and of State of and of Subscribed and sworn to (o This day of and of | r affirmed , 20 | d) before me | | |
| Notary Name Here, Notary Public My Commission Expires// | | | | |
| Notary Name here, Notary Fubric - My Commission Expires// | | | | |