Citizenship or Eligible Non-Citizenship Affidavit

To Be Signed in the Presence of a Notary
Certification of True, Exact, and Complete Copy of the Original Documents

This form is for the collection of Department of Homeland Security or other U.S. citizenship/nationality documents. This original form and copies of documents provided MUST be submitted to the PSU Financial Aid Office TOGETHER.

I certify that I, ______________________, am the individual signing this statement, and I am providing a copy of my original 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.

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<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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(Attach a copy of the photo ID)

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<tr>
<th>NAME OF CITIZENSHIP AND/OR IMMIGRATION AND/OR ELIGIBLE NON-CITIZENSHIP DOCUMENT(S)</th>
<th>Expiration Date (If Any) of Document</th>
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(Attach a copy of the Citizenship/Immigration/Eligible Non-Citizenship Document)

**IMPORTANT: This statement must be completed and signed in the presence of a Notary Public.**
**DO NOT COMPLETE THE FORM IN ADVANCE.**

I certify that the information submitted is true and correct to the best of my knowledge and belief. 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: ______________________ Date: _____________ PSU ID#: __________________

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**To be completed by Notary Public:**

State of ______________________ City/County of ______________________ on ______________ (Date)

before me, __________________________________ personally appeared, ______________________ (Notary's Name)

and provided to me on basis of satisfactory evidence of identification ______________________ (Printed Name of Signer) to be the above-named person who signed the foregoing instrument.

**Witness my hand and official seal**

________________________________________ (Notary Signature)

My commission expires on ______________________ (Date) (Official Seal)

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PSU Financial Aid Team, MSC #18, 17 High Street, Plymouth NH 03264
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