Florida State University
Office of Financial Aid

Name _____
Empl ID _____
Date _____

Affidavit

Certification of true, exact, and complete copy of the original documents

This form is for the collection of DHS or other US citizenship/nationality documents from students unable to present their documents in person.

I certify that I, _____, am the individual signing this statement,
(Student's full name)
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 original issued to me.

List of document(s) provided:

Name of Valid Photo ID	Expiration Date of Valid Photo ID	Issuing Authority of Valid Photo ID

Name of Citizenship and/or Immigration Document	Expiration Date (if any) of Citizenship and/or Immigration Document(s)

I understand that providing false documents or misleading information is punishable by fine or imprisonment and will make me liable for repayment of any funds received on the basis of the information and documents I have provided. Sign in the presence of a public notary and apply notary seal below.

_____ _____
Student Signature *Date*

_____ _____
Notary *Date*

Notary Stamp:

Florida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306
Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.edu
www.financialaid.fsu.edu
Revised 11/2/2017