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

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

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual signing this

 Print student’s full name

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** | **EXPIRATION DATE OF VALID PHOTO ID** | **ISSUING AUTHORITY OF VALID PHOTO ID** |
|  |  |  |

|  |  |
| --- | --- |
| **NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT (S)** | **EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR 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.

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 Student’s Signature

 Student’s ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**\*Sign in the presence of a notary public –**

**Affix Notary Seal in box to the right.**

**Return form and documents by mail: BSU Financial Aid, 1500 Birchmont Dr NE #14, Bemidji MN 56601 or Fax to (218)755-4361.**