

CARBONDALE

FINANCIAL AID OFFICE STUDENT SERVICES BUILDING MAIL CODE 4702 1263 LINCOLN DRIVE CARBONDALE, IL 62901

618/453-4334



\_\_\_, am the individual

FAO.SIU.EDU

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person. Please mail the original notarized form along with a copy of your documents.

I certify that I, \_\_\_\_

(Print student 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). Copies of military identification cards cannot be accepted.

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	EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR	
DOCUMENT(S)	IMMIGRATION DOCUMENT(S)	

(Signature of Student)

(Dawg Tag Number)

Date

## Notary's Certificate of Acknowledgement

State of				
City/County of				
On,	before me,		,	
(Date)	(Not	tary name)		
personally appeared,			, and provided to me	
(Printed name of signer)				
on basis of satisfactory evidence	ce of identification	on		
-		(Type of government	-issued photo ID provided)	
to be the above-named person	who signed the	foregoing instrument.		
WITNESS my hand and offici	al seal			
(seal)				
		(Not	ary signature)	
My commission expires on				
	(Date)			
Mail form to above address.				
23027DBMCIT 10/15/2019				