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, __________________________, am the individual (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):

<table>
<thead>
<tr>
<th>NAME 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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<tr>
<th>NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)</th>
<th>EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)</th>
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________________________________________________  ______________________________________________
(Signature of Student)                                    (Dawg Tag Number)

_________________________
Date

Notary’s Certificate of Acknowledgement

State of ______________________________________________________________________________________
City/County of __________________________________________________________________________________
On ____________________, before me, ______________________________________________________________, (Date)  (Notary name), personally appeared, ____________________________________________________________, and provided to me (Printed name of signer) on basis of satisfactory evidence of identification (Type of government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)  ______________________________________________________________
(Notary signature)

My commission expires on ______________________________________________
(Date)

Mail form to above address.
23027DBMCTT 10/15/2019