

## Certification of True, Exact, and Complete Copy of Original Documents

Student's Last Name	Student's First Name	Student's M.I.	Student's Marywood ID Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person. The **ORIGINAL** of **THIS FORM** must be submitted along with the true, exact, and complete copies of the original citizenship/nationality documents.

I certify that I, (print student's full name) \_\_\_\_\_, am the individual 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. I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

The documents I am submitting with this form are as follows:

NAME OF VALID PHOTO ID	EXPIRATION DATE	ISSUING AUTHORITY OF VALID PHOTO ID
NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)	EXPIRATION DATE IF APPLICABLE	EXPIRATION DATE IF APPLICABLE

I understand 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's signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC** *(If state mandated, must include embossed Notary Public seal)*

In the County of \_\_\_\_\_, State of \_\_\_\_\_, On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, personally known to me, proved to me through documentary evidence, or identified by a credible witness to be the person named in the foregoing, and executed the same.

Notary Signature \_\_\_\_\_ (Affix Seal)

Printed Name \_\_\_\_\_

Commission Number \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20\_\_\_\_\_