



**Citizenship Document Affidavit**

**MD Program Office of Financial Aid**  
 2300 I St. NW, Ross Hall Room 106,  
 Washington, DC 20052  
[medfinan@gwu.edu](mailto:medfinan@gwu.edu)  
 Tel: 202.994.2960  
 Fax: 202.994.9488

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

I certify that I, \_\_\_\_\_, am the individual  
 (Print student's 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).

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):

| <u>NAME OF VALID PHOTO ID</u> | <u>EXPIRATION DATE OF VALID PHOTO ID</u> | <u>ISSUING AUTHORITY OF VALID PHOTO ID</u> |
|-------------------------------|--|--|
|                               |  |  |

| <u>NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)</u> | <u>EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)</u> |
|---|---|
|   |   |
|   |   |
|   |   |

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.

\_\_\_\_\_  
\*Student's Signature

\_\_\_\_\_  
Student's GWID Number

\_\_\_\_\_  
Date

\*To be signed in the presence of a Notary Public

---

\*This section completed by Notary Public

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

I attest that the preceding or attached document is a true, exact, complete, and unaltered copy of \_\_\_\_\_, an original document.

Description of Document

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date of Notary Public