School of Medicine & Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

MD Program Office of Financial Aid Ross Hall Room 106, 2300 I ST NW, Washington, DC 20037 Ph. 202.994.2960 Fax 202.994.9488 email medfinan@gwu.edu

Citizenship Document Affidavit

The U.S. Department of Education selected your Free Application for Federal Student Aid (FAFSA) for further review. Therefore, please complete and submit this signed and notarized statement along with all necessary accompanying documentation to confirm that you are a citizen of the United States of America or bring the original documents to the Office of Financial Aid for verification by a staff member. This statement requires signatures by you (the student) and an authorized notary, in emailing the document(s).

Submit this completed statement via password protected email at : medfinan@gwu.edu

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

A.	Student's Informati	on (please print)			
Stu	dent's Last Name	Student's First Name	Last 4 digits of Student's Social Security Number		
Stu	dent's email address			Student's GWID	
The	e student must appear esport or driver's licens	e) in addition, the student mu	identity by presenting in st sign, in the presen c	dentification (valid government-issued photo idenie of notary, the following Statement: ip document listed below to the notary along with a copy of the	
0	(Student's Signature, given in the presence of a notary) Notarized Certificate of Acknowledgement (Completed by Notary):			(Date)	
C.		•		99	
				, on , personally appeared,	
	(Date)		(Notary's Name)	and showed me the original document listed below:	
	(Printed Student's Name) Type of original citizenship document visually inspected (check one): United States Passport Birth Certificate United States Certificate of Naturalization (N-550 or N-570) United States Certificate of Citizenship (N-560 or N-561) United States Alien Registration Card Other (describe): I confirm that the attached copy is a true copy of the original document.				
	WITNESS my hand and	DITICIAI SEAI			
	My commission expires on				
	(Notary's signature)		(Date) (Notary's S	Seal)