PEPPERDINE GRADUATE SCHOOL OF EDUCATION & PSYCHOLOGY

Affidavit of Citizenship Documents

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person. This form must be submitted in its original form to our office by mail or in person.

I certify that I, ______ (print 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.

Complete the following for all attached document(s).

NAME OF VALID PHOTO ID (Military, SNAP, foreign, and state school student ID cards are NOT acceptable)	EXPIRATION DATE OF VALID PHOTO ID	ISSUING AUTHORITY OF VALID PHOTO ID

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

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.

Notary's Certificate of Acknowledgement State of	
City/County of	
On, before me,, personal (Date) Notary's Name , and provided to me on basis of satisfactory evidence of Printed Name of Signer to be the above-named person who signed the forego Type of government-issued photo ID provided WITNESS my hand and official seal	
, and provided to me on basis of satisfactory evidence of Printed Name of Signer	
, and provided to me on basis of satisfactory evidence of Printed Name of Signer	lly appeared,
Printed Name of Signer to be the above-named person who signed the forego Type of government-issued photo ID provided WITNESS my hand and official seal	
Type of government-issued photo ID provided WITNESS my hand and official seal	of identification
·	oing instrument.
(seal)	
Notary Signature	
My commission expires on	
Date	
FOR OFFICE USE ONLY F. A Administrator: Date Document Received:	