

## **Submission of Citizenship/Immigration Documents**

UNIVERSITY OF ARKANSAS Aid Year \_\_\_\_\_ FOR MEDICAL SCIENCES Certification of True, Exact and Complete Copy of Original Citizenship/Immigration Documents This form MUST be signed by a Notary if you are unable to appear in person. Documents must not be expired. All documents MUST be mailed to the address at the bottom of the form. I certify that I, \_\_\_ am the individual signing this statement and am providing a copy of my (Print Student's Name) citizenship/immigration document(s) as described below along with a copy of a valid government-issued photo identification card bearing my portrait (or likeness). 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. I certify that the attached document(s) and government-issued photo identification are the true, exact and complete copies of the originals issued to me. NAME OF VALID PHOTO ID **ISSUING AUTHORITY OF VALID PHOTO ID EXPIRATION DATE OF VALID PHOTO ID** NAME OF CITIZENSHIP OR IMMIGRATION DOCUMENT **EXPIRATION DATE OF CITIZENSHIP OR IMMIGRATION DOCUMENT** (Student's ID Number) (Student's Signature) (Date) \*Must sign in the presence of a Notary Public if you are unable to appear in person. **Notary's Certificate of Acknowledgement** \_\_\_\_\_City/County of\_\_\_\_\_ State of , before me, \_\_\_ , personally appeared, , and provided to me on basis of satisfactory evidence of identification (Printed name of signer) to be the above-named person who signed the foregoing instrument. (Type of government-issued photo ID provided) WITNESS my hand and official seal (Seal) (Notary signature) My commission expires on \_ For UAMS Financial Aid office use only

Student appeared in person: YES or NO (if No, this document must be signed by Notary) If yes, staff certifies proof of original/exact documents: Initial: Date:

Reviewed by &