Citizenship Certification

Office of Financial Aid
UNIVERSITY OF COLORADO **BOULDER**

Name: _____ **ID:** _____
Student's Name (Last, First, M.I.) Student Identification Number (SID)

If you are unable to appear in person at the University of Colorado Boulder to verify your identity, this form must be completed and mailed to the Office of Financial Aid at the University of Colorado Boulder. Please provide:

1. Proof of citizenship which may include a copy of your birth certificate, certificate of U.S. birth abroad, U.S. passport, certificate of citizenship, or certificate of naturalization; **and**

2. A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport; **and**

3. The original notarized Citizenship Certification provided below.

Citizenship Certification

I certify that I _____ am the individual signing this certification and I am
(Print student's name)

providing a copy of my _____along with a copy of a valid government-issued
(Type of citizenship document)

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.

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 Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On_____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me on basis
(Printed name of signer)

of satisfactory evidence of identification _____ to be the
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____
(Notary signature)

My commission expires on _____
(Date)

You may only submit this form by mail: 77 UCB • Boulder, Colorado 80309-0077