

2023-24 Verification - Proof of Citizenship

Office of Student Financial Services - One University Ave - Bourbonnais, IL 60914 Phone: (815) 939-5245 Fax: (815) 939-5074 Email: studentfinance@olivet.edu

CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS

Mail, fax, or upload this completed form **along with a clear copy of the documents listed below**.

See contact information above or upload through your Self-Service portal.

| This form is for the collection of DHS or other present their documents in person. | U.S. citizenship/na | tionality | documents from students unable to |
|-------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|------------------------------------|
| I certify that I, | | , am the individual signing this statement, | |
| and I am providing a copy of my documents al identification card bearing my portrait (or liker | ong with a copy of | a valid g | government-issued photo |
| I certify that the attached document(s) and gov complete copies of the originals issued to me. | ernment issued pho | oto identi | ification are the true, exact, and |
| List of document(s): | | | |
| NAME OF VALID PHOTO ID | EXPIRATION | DATE | ISSUING AUTHORITY |
| | | | |
| NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S) | | EXPIRATION DATE (IF ANY) | |
| | | | |
| **Import You must provide a clear copy | tant REQUIRE y of all docume | | |
| I understand that providing false or misleading and may make me liable for repayment of any provided. | | | |
| Student's Signature | Student's ID Nun | nber | Date |