UNIVERSITY of HAWAI'I® MĀNOA

Citizenship Affidavit

Student Name: _____ _____ UH Student ID: _____
(Last Name) (First Name)

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

I certify that I, _____, am the individual
(Print student's full name)

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.

List of document(s):

NAME OF VALID PHOTO ID	EXPIRATION DATE OF VALID PHOTO ID	ISSUING AUTHORITY OF VALID PHOTO ID

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

2600 Campus Road, QLCSS 112
Honolulu, Hawai'i 96822
Telephone: (808) 956-7251
Fax: (808) 956-3985
An Equal Opportunity Institution

UNIVERSITY of HAWAI'I® MĀNOA

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

*Sign in the presence of a notary public

State of _____
City/County of _____
On_____,before me, _____,
(Date) (Notary's name)
personally appeared, _____, and proved to me
(Printed name of signer)
on the basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.
WITNESS my hand and official seal
(seal) _____
(Notary signature)
My commission expires on _____
(Date)

2600 Campus Road, QLCSS 112
Honolulu, Hawai'i 96822
Telephone: (808) 956-7251
Fax: (808) 956-3985
An Equal Opportunity Institution