

Student Name:	8 Digit HSC ID:
Phone:	E-mail:

This form is for the collection of Department of Homeland Security (DHS) and/or other U.S. citizenship/immigration documents from students unable to present their documents in person. It must be fully completed and signed in order for your attached citizenship and/or immigration documents to be processed.

I certify that I, _____, 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).
(Print student's full name)

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):

Government-Issued Photo Identification – Attach Copy		
Name of Valid Photo ID	Expiration Date of Valid Photo ID	Issuing Authority of Valid Photo ID

Citizenship and/or Immigration Document(s) – Attach Copy	
Name of Citizenship and/or Immigration Document(s)	Expiration Date (if any) of Citizenship and/or Immigration Document(s)

By signing this document, I certify that all of the information reported here is true and accurate to the best of my knowledge. If requested, I agree to provide proof of this information. I understand that the decision made on the basis of this documentation only affects my application for financial aid at the University of North Texas Health Science Center. 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.

Due to federal e-signature regulations, signatures must be hand-written and original. Typed, copied, or electronic signatures will not be accepted. All documents may be mailed or emailed using the addresses below.

Signature _____ Date _____