



**Student Name:** \_\_\_\_\_ **Student NUID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Citizenship Information**

**To verify your citizenship, you must provide:**

- A **copy** of the unexpired, 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;
- A **copy** of the valid government-issued Citizenship Document such as a Birth Certificate, or a current U.S. Passport. Additional acceptable documents are: Form FS-240, Form FS-545, Form DS-1350, Certificate of Citizenship forms N-560 or N562, or Certificate of Naturalization forms N-550 or N-570.
- The **original** notarized Citizenship Certification provided below.

**Certification**

As the student, I certify that I, \_\_\_\_\_, am the individual signing this statement. I am providing a copy of my original documents along with a copy of a valid government-issued Photo ID. I certify that the attached documents and government-issued Photo ID are true, exact, and complete copies of the originals issued to me.

Proof of Citizenship	Valid Government-Issued Photo ID
Type: _____	Type: _____
Expiration Date: _____	Expiration Date: _____
	Issuing Authority: _____

**WARNING:** If you purposely give false or misleading information you may be fined, sentenced to jail, or both. **\*Electronic signatures are not accepted.\***

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_, before me, \_\_\_\_\_ (DATE)

\_\_\_\_\_, personally appeared, \_\_\_\_\_, and \_\_\_\_\_ (NOTARY’S NAME) (PRINTED NAME OF SIGNER)

proved to me on 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)

**Return Form To:** CSC START Office  
1000 Main Street, Chadron NE 69337

Fax: (308) 432-6474 Phone: (308) 432-6061