This	form	is :	for	the	col	lec	ction	of	DHS	or	other	U.S.	
citiz	zensh:	ip/na	atio	nali	tу	doc	cument	s i	from	stu	dents	unable	to
prese	ent tl	heir	doc	cumen	ts	in	perso	n.					

Ι	certify	that	I,					,	am	the	individu	al
				(Print	student's	ful	l name)	_				

signing this document, 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)

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	Student's ID Number
Date	
Notary's Certificate of Acknowledge State of	ment
City/County of	
On, before me,	(Notary's name)
personally appeared,(Printed name on basis of satisfactory evidence o	, and proved to me of signer) of identification  (Type of government-issued photo ID provided)
to be the above-named person who si  WITNESS my hand and official seal  (seal)	gned the foregoing instrument.
(Notary signature)	<del></del>
My commission expires on	·
(D	ate)

## Please submit this form to:

Goodwin College, Attn: Financial Aid Office, One Riverside Drive, East

Hartford, CT 06118

**Phone:** 860-727-6723 **FAX:** 860-913-2199