SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

Student Financial Aid

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618) 650-3885

Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2025-2026

Citizenship Affidavit

ITAFF

Student NameUniv. ID#					
ONLY COMPLETE THIS FORM IF Y	OU ARE SUBMITTING A	COPY AND NOT VISI	ITING OUR	OFFICE IN PERSON.	
CERTIFICATION OF TRI	UE, EXACT, AND COM	PLETE COPY OF TH	IE ORIGIN	AL DOCUMENTS	
A NOTARY SIGNATURE AND SEAL IS REQUIRE found at local banks, credit unions, insurance fees.			-		<u>:</u>
I certify that I,	, am the individual signing this statement, and (Print student's full name)				
(Print student's full n I am providing a copy of my documents along (or likeness). I certify that the attached docur copies of the originals issued to me.	with a copy of a valid,	, government-issue	ed photo i	dentification card bearing my por	
List of attached documents:					
TYPE OF VALID PHOTO ID EXPIRATION DA		ION DATE	ISSUING AUTHORITY		
TYPE OF CITIZENSHIP AND/ IMMIGRATION DOCUMENT			ATION DATE (IF ANY) OF CITIZENSHIP D/OR IMMIGRATION DOCUMENT(S)		
I certify that ALL the information on this form is complete and correction of the second correct		Date	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.		
NOTA	RY CERTIFICATE OF	ACKNOWLEDGE	MENT		
State of City/County of		On			
before me, Person appeare				(Date)	and
(Notary's Name) proved to me because of satisfactory evidence of identifications.			(Print name of signer)		una
to be the above-named person who s WITNESS my hand and official seal (Seal)		(Type of ι	ınexpire	d government-issued ID pro	 ovide
(Sedi)		(1	Notary S	ignature)	
My commission expires on					
· (1	Date)				