

— Barnes-Jewish College —
GOLDFARB SCHOOL of NURSING
 ————— BJC HealthCare —————

This form contains Personally Identifiable Information

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. This form and all required documents may only be postal mailed to the Financial Aid Office.

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) in front of a notary public, who provides their unexpired seal below.

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):

<u>NAME OF VALID PHOTO ID</u>	<u>EXPIRATION DATE OF VALID PHOTO ID</u>	<u>ISSUING AUTHORITY OF VALID PHOTO ID</u>

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

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 Unexpired Seal Above Here