## IMAF17

| Student ID #: |       |
|---------------|-------|
| Last Name:    | M.I.: |
| First Name:   |       |



## 2016-2017 Immigration Affidavit

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person.

## Read carefully the instructions below:

If you, the student, are unable to submit this form in person to FSW, you must complete the form below in the presence of a notary. Please mail to FSW a <u>front and back copy a valid government-issued photo</u> <u>identification (ID)</u> that is acknowledged in the notary statement such as but not limited to, a driver's license, other state-issued ID or passport and <u>the original notarized Statement of Educational Purpose</u>.

Mailing address:
Florida SouthWestern State College
Office of Student Financial Aid
8099 College Parkway
Fort Myers, Florida 33919

| 0 0                | , am the individual  (Print student's full name)  ent, and I am providing a copy of my documents along with a copy of a valid liphoto identification card bearing my portrait (or likeness). |
|--------------------|--|
| •                  | tached documents and government issued photo identification are the true, exact, es of the originals issued to me.   |
| List of document ( | s):  |

| NAME OF VALID PHOTO<br>ID | EXPIRATION DATE OF<br>VALID PHOTO ID | ISSUING AUTHORITY OF<br>VALID PHOTO ID |
|---------------------------|--------------------------------------|--|
|                           |                                      |  |
|                           |                                      |  |

| Student ID #:              |  |                           |  |
|----------------------------|--|---------------------------|--|
| Student ID #: Last Name:   |  |                           |  |
|                            |  |                           |  |
| First Name:                |  |                           |  |
|                            | IZENSHIP AND/OR<br>ON DOCUMENT(S)  | CITIZENSHIP A             | N DATE (IF ANY) OF<br>AND/OR IMMIGRATIC<br>CUMENT(S) |
|                            | ing false or misleading info<br>make me liable for repaym<br>ents I have provided. |                           |  |
| (Student's Signature)      |  | (Student's ID Number)     | (Date)   |
|                            | Notary's Certificate (   |                           |  |
|                            | City/County  |                           |  |
| On(Date)                   | , before me,   | (Notary's Name)           |  |
| Personally appeared        |  | (Notary S Name)           | , and provided to me                                 |
|                            | vidence of identification  |                           | _,r  |
|                            | erson who signed foregoing   | (Type of government-issue | d photo ID provided)                                 |
| WITNESS my hand and (Seal) | l official seal  |                           |  |
|                            |  | (Not                      | tary Signature)                                      |
| My commission expires of   | on   | _                         | · · ·  |

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(Date)

IMAF17