

Phone: 215.895.1600 Fax: 215.895.2939 Email via ask.drexel.edu drexel.edu/drexelcentral

2024–2025 Citizenship Affidavit

student's Name		Universit	ty ID
certify that I,locuments along with a copy of a valid go	, am the individ vernment-issued photo identif	ual signing this stat ication card bearing	ement, and I am providing a copy of my g my portrait or likeness.
also certify that the attached documents riginal issued to me.	and government-issued photo	identification are the	he true, exact, and complete copies of th
Name of Valid Photo Identification	n Expiration Date o	f Identification	Issuing Authority of Identificati
Name of Citizenship/Immig	ration Document(s)	Expira	tion Date (if any) of Document(s)
understand that providing false or misle	_	-	-
understand that providing false or misle or repayment of any funds received on the Student Name (Printed) otary's Certification of Acknowledgment	e basis of the information and	documents I have p	Date
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understand that providing false or misle or repayment of any funds received on the Student Name (Printed) Student Name (Printed) otary's Certification of Acknowledgment tate of	e basis of the information and control of County of, before me, (Printed name of signer)	Signature (Notary's name)	
lotary's Certification of Acknowledgment State of	e basis of the information and comments of the information and	Signature (Notary's name)	