

Original Document Affidavit

**UNIVERSITY
OF MIAMI**



Undergraduate and Graduate / Professional Students

Office of Student Financial Assistance and Employment
P.O. Box 248187 • Coral Gables FL, 33124

Medical Students

Office of Financial Assistance Services
P.O. Box 016960 (R-128) • Miami FL, 33101

Student Name _____

UM ID #: _____

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 must be notarized and mailed to the Office of Student Financial Assistance and Employment along with copies of the documents listed below.

I certify that I _____ am the individual signing this

(Print Student's Name)

statement, and that I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my photo.

I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

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 Signature: _____

Date: _____

Notary's Certificate of Acknowledgement

WITNESS my hand and official seal

(seal)

(Notary signature)

My commission expires on _____

(Date)