

2024-2025 Citizenship Affidavit

CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS

Please use black or blue ink while filling out this form.

Student Name			LMU	J ID						
The information reque collection of Departme applying for Federal St	ent of Homeland Sec	curity (DHS) or other	United States citizen							
		STATEM	IENT							
I certify that I,	am the individual signing this statement, and I am providing									
a copy of my valid gove documentation of gove					-					
I understand that prov me liable for repayme	-	-	·	•	•		ay make			
Student Signature			Date							
	NOTE: Signature mus	t be handwritten				_				
List of Document(s) at	tached:									
Name of Valid Photo ID		Expiration Date of Valid Photo ID		Issuing A	uthority of \	/alid Pho	oto ID			
Name of Citizenship and/or Immigration Document(s)			Expiration Date (if any) of Citizenship and/or Immigration Document(s)							
Print Form		How to Submit								
		Loyola Law School's Stu department. If you are and supporting docum	ing documents must be LMU Financial Aid or LN udent Financial Services not able to submit this for ents in person, you must be of Acknowledgment" or	orm have	For Office Us		AREQ -			
			notary public. You may t		CITIZ or ELIG		fication			

office at (310) 338-2793.

submit it to our Secure Document Upload portal at https://financialaid.lmu.edu/generalinformation/

securedocumentupload/ or fax the documents to our

Etrieve - Citizenship Verification

FAO Staff Initial



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Student Name			LMU ID									
Notary's Certificate of Acknowledgement												
State of												
City/County of												
On	, before	me,										
(Date)			(Notary's	name)								
personally appeared,							, and	provi	ded to	me		
(Pr	inted name of signer)											
on basis of satisfactory e	vidence of identification											
		(Type of unexpired g	government-issued pho	to ID pro	ovided)						
to be the above-named	person who signed the	foregoing instrument	: .									
WITNESS my hand and	l official seal											
		(Notary si	gnature)									
My commission expires of	on:											
	(Date)											