

**Certification of Original Documents IMPORTANT:**

**Return Original to:**

University of New Hampshire: Financial Aid Office  
11 Garrison Ave, Durham, NH 03824  
Phone: (603) 513-1392

**This statement must be completed and signed in the presence of a Notary Public.**

**DO NOT COMPLETE THE FORM IN ADVANCE.**

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

I certify that I, (Print Student Name) \_\_\_\_\_, am the individual signing this statement, and I am providing a copy of my documents along with a copy of a valid government-issued photo identification card.

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

**Documents:**

Name of Valid Photo ID	Expiration Date of ID	Issuing Authority of ID

Name of Citizenship and/or Immigration Document(s)	Expiration Date of Document(s) if Applicable

I understand that providing false or misleading information on 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 provided.

Student's Signature: \_\_\_\_\_ UNH ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Notary Public:**

State of \_\_\_\_\_ City/Country of \_\_\_\_\_


on \_\_\_\_\_, before me, \_\_\_\_\_  
Date Notary's Name

personally appeared, \_\_\_\_\_ and provided to me on basis of satisfactory evidence of  
Printed Name of Student

identification \_\_\_\_\_ to be the above-named person who signed the  
List All Documents Provided: ID, Citizenship/Immigration Documents

foregoing instrument.

**Witness My Hand and Official Seal**



\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires On (Date)

**DO NOT FAX OR EMAIL FORM. Notarized forms must be MAILED to the University of New Hampshire, Financial Aid Office, 11 Garrison Ave, Durham, NH 03284**