

Student's Signature

Affidavit

Office of Graduate Financial Aid Phone: (714) 628-2730 gradfinaid@chapman.edu

Date

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,, am the individual signing this statement, and I (Print student's full name)			
am providing a copy of my document identification card bearing my po	•		alid government-issued photo
I certify that the attached docum exact, and complete copies of the	•	•	oto identification are the true,
List of document(s):			
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 imprisonment and may make me information and documents I have	e liable for repay		

Student's ID Number