

Financial Aid Office 500 Sparks Hall Murray, KY 42071-3312

msu.sfa@murraystate.edu P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

Citizenship & Immigration Status Affidavit CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS

This form is for the collection of Department on citizenship / nationality documents from stude to a college / university.		
I certify that I, (enter student's name) signing this statement, and I am providing a c government-issued photo identification card b		_ , am the individual copy of a valid
certify that the attached documents and gove and complete copies of the originals issued to	•	are the true, exact,
DOCUMENTATIO	N SUBMITTED FOR REVIEW	
Name of Valid Photo ID Expiration Da	ate of Valid Photo ID Issuing Au	thority of Valid Photo ID
Name of Citizenship and/or Immigration documents(s)	Expiration date (if any) of Immigration doc	
This document must be signed certifying the accuracy of t	he information provided. Any individual signing	this form certifies that all
Warning: If any individual purposely gives false or misleading	ng information on this form, he/she may be fined	, sentenced to jail, or both.
Murray State University Financial A All documentation must be completed with original signal	Aid Office does not allow electronic signatures(s atures prior to submission to our office, includin	
Student Signature	Student M#	 Date

