

Attn: Financial Assistance Services

Post Office Box 13489 ~ St. Petersburg, FL 33733-3489

Phone: 727-791-2485

## Citizenship/Immigration Documentation Affidavit (USCIT) 2024-25

Student's name:			
Last		First	MI
Date of birth://_ Month Day	SPC ID:	Phone:	
This form is for the collection of DHS or	r other U.S. citizenship/nationa	lity documents from students unable to pr	esent their documents in person.
at the address provided at the top of	this form with true, exact, and ou do not complete this form	presence of a Notary Public and mail it to a complete copies of your original docum or submit all of the required documents	ents. Please include your SPC II
Secti	on 1: Citizenship/Immi	gration Documentation Affidavi	t
I certify that I.		. am the individual signing this statement.	and I am providing a copy of my
(Print student's	s name)	, am the individual signing this statement	3 - 1 7
documents along with a copy of a valid	d government-issued photo ide	entification card bearing my portrait (or like	eness). I certify that the attached
documents and government-issued ph	oto identification are the true,	exact, and complete copies of the origina	Is issued to me.
Name of Citizenship and/or Immigration Document		Expiration Date (if any) of Citizenship	and/or Immigration Document
Student's name:	Signature	ə:	Date:
By signing above, the student acknowledge this worksheet, you may be fined, be sented.		is complete and correct. If you purposely gi	ve false or misleading information or
	Section 2: To be con	mpleted by Notary Public	
	Notary's Certifica	te of Acknowledgement	
State of		City/County of	
On	before me		
(Date)	, soloio iiio,	(Notary's name)	,
personally appeared(Printed	name of signer)	, and provided to me on basis of sa	tisfactory evidence of identification
		to be the above-named person w	ho signed the foregoing instrument.
(Type of government-issued photo ID p	provided, including ID number)		
WITNESS my hand and official seal (seal)			
		(Notary	v signature)
		My commission expires on	
		, 5555.611 5	(Date)

The Board of Trustees of St. Petersburg College affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules and regulations. The College will not discriminate on the basis of race, color, ethnicity, religion, sex, age, national origin, marital status, pregnancy, sexual orientation, gender identity, genetic information, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this Rule, the College will not tolerate such conduct. Should you experience such behavior, please contact the Equal Access/Equal Opportunity Office at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at eaco\_director@spcollege.edu.

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