

**Citizenship/Immigration Documentation Affidavit (USCIT) 2021-22**

**Student's name:** \_\_\_\_\_  
Last First MI

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SPC ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person. You are required to complete this form which must be signed in the presence of a Notary Public and mail it to SPC Financial Assistance Services at the address provided at the top of this form with true, exact, and complete copies of your original documents. Please include your SPC ID Number on all of the documents. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

**Section 1: Citizenship/Immigration Documentation Affidavit**

I certify that I, \_\_\_\_\_, 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 bearing my portrait (or likeness). I certify that the attached documents and government-issued photo identification are the true, exact, and complete copies of the originals issued to me.

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

**Student's name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing above, the student acknowledges and confirms that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.*

**Section 2: To be completed by Notary Public**

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared \_\_\_\_\_, and provided to me on basis of satisfactory evidence of identification  
(Printed name of signer)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of government-issued photo ID provided, including ID number)

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(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 Pamela Smith, the director of EA/EO/Title IX Coordinator at 727-341-3261; by mail at P.O. Box 13489, St. Petersburg, FL 33733-3489; or by email at [eaio\\_director@spcollege.edu](mailto:eaio_director@spcollege.edu).