Certification of True, Exact, and Complete Copy of the Original Documents

We have been instructed to Verify and Document your eligibility for Title IV Federal Student Aid. This form is used for the collection of U.S. Department of Homeland Security or other U.S. citizenship/nationality documents from students unable to present their documents in person.

NEOMED Student Name: _____

Please Print Clearly

What is needed?

1. Gather the following documents:
   A. Both pages of this form
   B. Legible photocopy of valid form of Identification with photo (driver's license, state-issued ID card, etc.)
   C. Legible photocopy of valid original Citizenship and/or Immigration document

2. Request the Notary Public to notarize your signature on page two of this form by signing it <u>while in the presence of the Notary Public</u>.

3. Send the following items to NEOMED Financial Aid:
   A. Photocopy of Identification
   B. Photocopy of Citizenship/immigration document
   C. Both pages of this completed form:

   > NEOMED
   > Office of Financial Aid
   > 4209 State Route 44, P.O. Box 95
   > Rootstown, Ohio 44272

4. Upon arrival at NEOMED, please bring the original valid documents with you to present to a member of the financial aid staff in-person.

I certify that I, (print student's full 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 bearing my portrait (or likeness). I certify that that the enclosed documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

List of documents:

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

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

I understand that providing false or misleading information or 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 have provided.

_____   __@_____

Student's Signature   Student's NEOMED ID Number

_____

Date

For Notary Public Use:

STATE OF _____   }
                                                                  }   *SS:*
COUNTY OF _____   }

Signed and sworn to before me, a duly authorized Notary Public in and for the State of _____ on this

_____ day of _____, _____.

(seal)

_____

Notary Public Signature   Printed Name

NEOMED Office of Financial Aid, 4209 State Route 44, P.O. Box 95, Rootstown, Ohio 44272