## Original Document Affidavit



## **Online Graduate Students**

Office of Student Financial Assistance and Employment P.O. Box 248187 • Coral Gables FL, 33124

of

Student Name	UM	I ID #:		
This form is for the collection of DHS o unable to present their documents in p Student Financial Assistance and Emp	erson. This for	m must be not	arized and mailed to the Office	
I certify that I		am the inc	lividual signing this	
(Print Student's N statement, and that I am providing government-issued photo identifications)	g a copy of my do	_	with a copy of a valid	
I certify that the attached documer the true, exact, and complete copie			o identification are	
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)	
understand that providing false or misleading		_		
locuments I have provided. Student Signature:		Date:		
Nota	ry's Certificate o	of Acknowledge	ment	
WITNESS my hand and official seal				
(2011)		_	s on	