



Office of Student Financial Services

One Winooski Park, Box 4

Colchester, VT 05439

Tel. 802-654-3243

Fax: 802-654-2591

E-mail: finaid@smcvt.edu

2025-2026 Certification of Original Citizenship Documentation – IN PERSON

Student Name: _____

SMC ID# _____

IMPORTANT INSTRUCTIONS: Complete this form **IN PERSON** at the Office of Student Financial Services with your U.S. citizenship/nationality documents (e.g. U.S. Passport, Certificate of Nationalization, U.S. Permanent Resident Card) and a copy of a valid, government-issued photo identification card.

CERTIFICATION:

I certify that I, _____, am the individual signing this statement, and I am providing
(Print student's full name)

my documents along with a valid government-issued photo identification card bearing my portrait (or likeness). I certify that the documents and government issued photo identification are the originals issued to me.

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)

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 Signature

Date

Student Financial Services Staff Certification:

The student named above appeared before me and verified his/her citizenship status on the basis of

_____ and I have:
(Type of documents presented)

- Taken a photo copy of the valid documents
- Annotated the photo copies "Received and reviewed by [counselor name] on [date]."

SFS Staff Name

SFS Staff Signature