

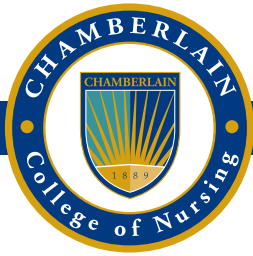
## VERIFICATION OF CITIZENSHIP DOCUMENTATION FOR USE OF FEDERAL STUDENT FINANCIAL AID

Your citizenship status was not confirmed based on your Free Application for Federal Student Aid (FAFSA®). Proof of your citizenship and/or immigration status is now required. The original copy of this completed form, with your original signature, must be provided to Chamberlain College of Nursing by presenting this documentation in person at a Chamberlain location, providing an electronic copy to Chamberlain Student Services or by mailing the documentation to Chamberlain Student Finance Operations.

Steps to complete and return this form:

- **If submitting in person** – Please schedule an appointment with a student service advisor at your local campus. Section C of this form must be signed in the presence of, and presented to, an authorized Chamberlain student service advisor. Your citizenship and/or immigration documentation will need to be verified at that time by presenting your citizenship and/or immigration documentation along with a valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued identification, or passport.
- **If submitting electronically** – Section D of this form must be signed in the presence of, and notarized by, a notary public. Your identity will need to be verified at that time by presenting a valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued identification, or passport. The citizenship and/or immigration documentation and notary seal must be visible on the electronic copy for this form to be considered valid. A copy of the citizenship and/or immigration documentation presented to the notary public to complete Section D will need to be placed in Section E of this form. Once completed, please submit this form electronically to your student service advisor through email or fax 866.786.9389.
- **If submitting by mail** – Section D of this form must be signed in the presence of, and notarized by, a notary public. Your identity will need to be verified at that time by presenting a valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued identification, or passport. A copy of the citizenship and/or immigration documentation presented to the notary public to complete Section D will need to be placed in Section E of this form. Once completed, please mail the form to:

**Chamberlain College of Nursing Student Services**  
**1200 East Diehl Road**  
**Naperville, IL 60563**



VERIFICATION OF CITIZENSHIP DOCUMENTATION
FOR USE OF FEDERAL STUDENT FINANCIAL AID

A. Student Information

Student Name

Student ID (D#)

B. Documentation List

In the table below, please list the documentation items that will be attached:

Table with 3 columns: Name of Valid Government-Issued Photo ID, Expiration date of Valid Government-Issued Photo ID, Issuing Authority of Valid Government-Issued Photo ID

Table with 2 columns: Name of Citizenship and/or Immigration Document(s), Expiration Date (if any) of citizenship and/or Immigration Documents

C. Verification of Citizenship Documentation (If Submitting in Person)

Complete this sections only in the presence of an authorized Chamberlain College of Nursing colleague.

I/We hereby certify that I \_\_\_\_\_ am the individual signing this Verification of
(Print Student's Full Name)

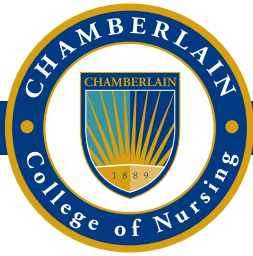
Citizenship Documentation, and I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait. I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

I understand that providing false documents or misleading information 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

Student ID (D#)

Date



## VERIFICATION OF CITIZENSHIP DOCUMENTATION FOR USE OF FEDERAL STUDENT FINANCIAL AID

Student Name \_\_\_\_\_

Student ID (D#) \_\_\_\_\_

### D. Verification of Citizenship Documentation (If Submitting Electronically or by Mail)

Complete this sections only in the presence of a notary public.

I/We hereby certify that I \_\_\_\_\_ am the individual signing this Verification of  
(Print Student's Full Name)

Citizenship Documentation, and I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait. I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

I understand that providing false documents or misleading information 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 \_\_\_\_\_

Student ID (D#) \_\_\_\_\_

Date \_\_\_\_\_

### Notary's Certificate of Acknowledgement

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

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

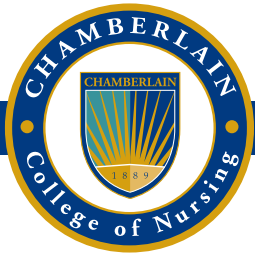
personally appeared, \_\_\_\_\_ and proved to me on basis of satisfactory evidence of identification  
(Printed name of signer)

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

WITNESS my hand and official seal  
(seal)

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

My commission expires on \_\_\_\_\_  
(Date)



## VERIFICATION OF CITIZENSHIP DOCUMENTATION FOR USE OF FEDERAL STUDENT FINANCIAL AID

Student Name

Student ID (D#)

### E. Attached Documentation

*In the space below, place and copy your citizenship and/or immigration documentation and government-issued photo identification. Please ensure to copy both front and back of documentation where applicable.*

**Place and Copy Citizenship or Immigration Documentation and Government-issued Photo ID Here.  
Please check the box below and attach any additional pages that do not fit in this section.**

Check this box if you will be submitting additional documents that cannot fit on this page. Please write your D# on each additional document you turn in.

### This Section for Use by Authorized Chamberlain College of Nursing Colleagues Only

*I hereby certify this documentation was received and completed in my presence on the date noted below.*

Colleague Name (Printed)

Colleague Signature

Date