

United States Citizenship Certification

ALL STUDENTS MUST COMPLETE THIS FORM AND SUBMIT NECESSARY DOCUMENTATION.

Name: _____

Social Security #: _____ - _____ - _____

Are you a U.S. Citizen? _____ Yes _____ No

If you are a citizen, please complete **Section A**.

If you are not a citizen, please complete **Section B** and submit the requested documentation with this document.

Section A - To be completed by citizens.

Were you born in the United States? _____ Yes _____ No

If yes, please go to Student Signature and sign the certification of your citizenship.

If no, please provide a copy of one of the following documents: "Certificate of Citizenship"; Certificate of Naturalization"; "Certification of Birth Abroad"; Form FS-545; Form DS-1350; Form FA-240; "Report of Birth Abroad".

Section B - To be completed by noncitizens.

Other Eligible Citizen Status

I am considered an Eligible Citizen due to the following status:

_____ Refugee _____ Asylum _____ Conditional Entrant

_____ Parolee _____ Cuban-Haitian Entrant

Please provide a copy of your "Arrival-Departure Record" Form I-94 with this completed certification.

Permanent Resident Status

I hold a Permanent Residence Status for the U.S. _____ Yes _____ No

If yes, then my permanent residence card number is: _____

Date issued: _____

Please provide a copy of your "Permanent Residence Card"; or Form 1551; or the "Alien Registration Receipt Card" Form I-151; or Foreign Passport; or I-94 with this completed certification.

Noncitizen National Status

I am a Noncitizen National _____ Yes _____ No

If yes, please provide a copy of your U.S. Passport with this completed certification.

Certification

I understand that the information I have provided regarding my citizenship will be used to determine my eligibility for financial aid. I authorize the College to verify the information I have provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for loss of aforementioned funds and/or appropriate disciplinary action.

Student Signature: _____ Date: _____

Return this form to: Austin College 900 N. Grand Avenue, Suite 61562 Sherman, Texas 75090