

For Office Use Only:		
Checklist Item	9SSAUS OR 9DBOUS	
COMMKEY	9CITAF	

Citizen Affidavit Document

This form is for the collection of DH unable to present their documents		tizenship/national	ity documents from students		
SB ID Number					
I certify that I,(Print stu	udent's full name)	, am the	e individual signing this statement,		
and I am providing a copy of my dophoto identification card bearing m			d government-issued		
I certify that the attached documents and government issued photo identification are the true, exact, and complete copies of the originals issue to me.					
List of document(s):					
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)			



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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 based on the information and documents I have provided.			
information and documents rhave provided.			
Student's Signature	SB ID Number		
Student's Name	Date		

Financial Aid Mailing and Contact Information

You must print and sign this form as electronic signatures are not acceptable.

For secure and faster processing, submit this form via the <u>Upload Process</u> located in your SOLAR To Do List.

Need help scanning your document? Check out our <u>Scanning Documents Using Your Smartphone guide</u>.

Note: Only .tif and/or .pdf file types are allowed for uploading.

Alternatively, mail or fax all documents to The Financial Aid & Scholarships Office below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Office of Financial Aid and Scholarship Services Stony Brook Union, Suite 208 Stony Brook, NY 11794-3252 Telephone: 631-632-6840

Fax: 631-632-9525