Office of Financial Aid
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
Fax: 802-654-2591
E-mail: finaid@smcvt.edu

2026-2027 Certification of Original Citizenship Documentation – IN PERSON

Student Name:_____ SMC ID#_____

IMPORTANT INSTRUCTIONS: Complete this form IN PERSON at the Office of Financial Aid 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

Office of Financial Aid 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]."

_____ _____
Office of Financial Aid Staff Name Office of Financial Aid Staff Signature