

# PROOF OF CITIZENSHIP FORM

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www.champlain.edu

**STUDENT INFORMATION (Please Print)**

LAST NAME	FIRST NAME	MI	CHAMPLAIN COLLEGE ID NUMBER
ADDRESS			DATE OF BIRTH
CITY	STATE	ZIPCODE	TELEPHONE NUMBER (INCLUDE AREA CODE)

**PROOF OF CITIZENSHIP – COMPLETED IN PRESENCE OF NOTARY**

I certify that I, \_\_\_\_\_, am the individual signing this statement and I am providing a copy of  
 (STUDENT FULL LEGAL NAME)

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

**List of Document(s) Provided:**

Type of Valid Photo ID (for example Driver’s License)	Issuing Authority and Expiration Date

  

Name of Citizenship and/or Immigration Document(s)	Expiration Date (if any)

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’S SIGNATURE) \_\_\_\_\_  
(DATE)

**Notary Information Required**

State \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ to be his/her free act and deed.

\_\_\_\_\_  
 (NOTARY’S SIGNATURE)

Name of Notary Public (print your name) \_\_\_\_\_  
 Notary Public, State of \_\_\_\_\_  
 My commission expires: \_\_\_\_\_



**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**