

## Financial Aid Office

1032 West Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60660  
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



*Preparing people to lead extraordinary lives*

### 2025–2026 Citizenship Certification (Eligible Non-Citizen)

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

The Financial Aid Office must verify your Citizenship status in order for you to be eligible for Federal and/or State aid. The status you indicated on your FAFSA application did not match data listed with the Department of Homeland Security and/or the Social Security Administration.

I certify that I, \_\_\_\_\_, am the individual signing this statement,  
(Print Student's full name)

and I am providing a copy of 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 and government issued photo identification are the true, exact, and complete copies of the originals issued to me.

List of document(s): Permanent Resident card, Resident Alien Card, I-94A card, I-94, I-551 or passport with MRIV.

| Type of Valid Photo ID | Expiration Date of Valid Photo ID | Issuing Authority of Valid Photo ID |
|------------------------|-----------------------------------|-------------------------------------|
|                        |                                   |                                     |

| Type of Immigration Document(s) | Expiration Date (If Any) of 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

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF 20\_\_\_\_

**Sign in the presence of a notary public**

\_\_\_\_\_  
NOTARY PUBLIC (SIGNATURE)  
MY COMMISSION EXPIRES \_\_\_\_\_

**CZ 2026**

*Last Updated 12/16/24*

**NOTARY STAMP**