

**University of Houston-Victoria**  
**Office of Financial Aid**  
3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731  
Phone: 361-570-4125 Fax: 361-580-5555 Email: finaid@uhv.edu

## 2025-2026 Citizenship Affidavit

CERTIFICATION OF TRUE, EXACT, AND COMPLETE COPY OF THE ORIGINAL DOCUMENTS

Student Name: \_\_\_\_\_ UHV ID: \_\_\_\_\_

This form is for the collection of DHS or other U.S. citizenship/nationality documents from students unable to present their documents in person.

I certify that I, \_\_\_\_\_, am the individual  
(Print student's full name)  
signing this statement, and I am providing a copy of my documents along with a copy of a valid unexpired government-issued photo identification card bearing my portrait (or likeness).

I certify that the attached documents and government issued photo identifications are the true, exact, and complete copies of the originals issued to me. List of document(s):

Name of Valid Photo ID	Expiration Date	Issuing Authority of Valid Photo ID
------------------------	-----------------	-------------------------------------

Name of Citizenship or Immigration Documents	Expiration Date
--	-----------------

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.

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notary's Certificate of Acknowledgement

Notary's certification may vary by State

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

City/County of \_\_\_\_\_ on

\_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's Name)

Personally appeared, \_\_\_\_\_, and proved to me  
(Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_  
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

Seal:

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.