

Office of Financial Aid 8550 Magellan Parkway, Suite 1100 | Richmond, VA | 23227 804-627-5348 | Fax: 804-627-5441

E-mail: bsr-confinancial@bshsi.org

Citizenship Verification Form

I certify that I (student's name)	am the individual signing this statement
and I am providing original documents for the Office of Fin	ancial Aid to make a copy for my financial aid file.
I certify that the original documents are the true, exact, an will be attached to this form and signed by the Financial Ai documentation I provided. I understand that providing false or misleading information and may make me liable for repayment of any funds receiv have provided.	d Staff of their creation of the copy from the original or documents is punishable by fine or imprisonment
Student's Signature	Date
Student's SSN	
Check one box:	
Passport	
Certificate of Naturalization/ Certificate of Citiz	zenship
Birth Certificate	
Other:	
Verification by Bon Secours College Financial Aid	d Staff:
Bon Secours College Financial Aid Staff Name	Staff's Title
I verify that the above listed student has appeared be the above documentation of their eligibility for Title I' Handbook, Volume 1, Chapter 2.	· · · · · · · · · · · · · · · · · · ·
Attached is a copy of the original document detailing and signature.	the date then copy was produced, my name, title,
Bon Secours College Financial Aid Staff Signature	 Date

This page only needs to be completed if a student cannot appear in person at the college Bon Secours College Financial Aid Office.

This section must be completed and verified by a Notary Public:

VITNESS my hand and official seal	
ype of government-issued photo ID provided)	
· · · · · · · · · · · · · · · · · · ·	be the above-named person who signed the foregoing
ersonally appeared,	, and proved to me on basis of me of signer)
n	, before me,(Notary's name)
ity/county or	_
ity/County of	