

Phone: 215.895.1600 Fax: 215.895.2939 Email via ask.drexel.edu drexel.edu/drexelcentral

2026–2027 Citizenship Affidavit

Student's Name		Universit	y ID
	, am the individu		ement, and I am providing a copy of my my portrait or likeness.
also certify that the attached documents original issued to me.	and government-issued photo	identification are th	e true, exact, and complete copies of the
Name of Valid Photo Identificatio	n Expiration Date of	f Identification	Issuing Authority of Identification
Name of Citizenship/Immig	ration Document(s)	Expirat	tion Date (if any) of Document(s)
'ala C'a			
understand that providing false or misle	_	_	-
understand that providing false or misle	_	_	-
understand that providing false or misle or repayment of any funds received on the Student Name (Printed)	_	documents I have p	rovided.
understand that providing false or misle or repayment of any funds received on the Student Name (Printed) Student Name (Printed)	e basis of the information and o	documents I have progression of the second s	rovided. Date
understand that providing false or misle or repayment of any funds received on the Student Name (Printed) lotary's Certification of Acknowledgment state of	e basis of the information and o	Signature	Date
understand that providing false or misle or repayment of any funds received on the Student Name (Printed) Student Name (Printed) State of	e basis of the information and o	Signature	Date
understand that providing false or misle or repayment of any funds received on the Student Name (Printed) Student Name (Printed) State of	e basis of the information and of the basis of	Signature (Notary's name)	Date
Notary's Certification of Acknowledgment State of	e basis of the information and of the basis of	Signature (Notary's name)	