

Lakeland ID Number (LID) 

0	0						
---	---	--	--	--	--	--	--

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

We have received your Free Application for Federal Student Aid (FAFSA). However, the U.S. Department of Education has determined that additional information regarding your citizenship status is required. Processing of your financial aid cannot be completed until this form and all required documents are submitted to Lakeland’s Student Service Center (A-1003).\*

**Please check the box that applies to you. Original or certified copies of the documentation must be presented in person at Lakeland’s Student Service Center.**

**I am a U.S. citizen.**

- a) U.S. Birth Certificate
- b) Certification of Naturalization
- c) Certificate of Citizenship
- d) Certification of Birth Abroad
- e) U.S. Passport

**I am an eligible non-citizen.**

- a) Permanent Resident Card (I-551 – since 1997)
- b) Resident Alien Card (I-551 – before 1997)
- c) Alien Registration Receipt Card (I-151 – prior to June 1978)
- d) Conditional Green Card (I551C)
- e) Arrival Departure Record (I-94) from the U. S. Department of Homeland Security with any one of the following designations:
  - 1) Refugee
  - 2) Asylum Granted
  - 3) Conditional Entrant (before April 1, 1980)
  - 4) Parolee (I-94 confirms that you were paroled for a minimum of one year and status has not expired)
  - 5) Cuban-Haitian Entrant
  - 6) T-Visa holder
  - 7) Holder of a valid certification or eligibility letter from the Department of Health and Human Services showing a designation of Victim of Human Trafficking.

**I cannot provide any of the documents listed above as I am not a U.S. citizen or eligible non-citizen.**

**\*If you are unable to submit the documentation in person, please contact Lakeland’s Financial Aid Office at [finaid@lakelandcc.edu](mailto:finaid@lakelandcc.edu) or 440.525.7070 for further assistance.**

**Statement of Certification:** I certify that the information provided to document my citizenship is a true and exact copy.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only***

Form: \_\_\_\_\_ Approved:  Yes  No  
 Sent to DHS:  Yes  No Date: \_\_\_\_\_ Approved:  Yes  No  
 Comments: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_