

Certification of True, Exact and Complete Copy of Original Documents 2026-2027

		/ /			
Student Last Name	Student First Name	M.I.	Date of Birth	Student ID	
	ollection of DHS or otlesent their documents i		nship/nationality do	cuments from	
The student must sig	gn, in presence of a no	otary, the foll	owing:		
=	roviding a copy of my cation card bearing my		ng with a copy of a	lividual signing thi valid government-	
	hed documents and go opies of the originals is		ed photo identificati	on are the true,	
Name of Valid Pl		Expiration Date of Valid Photo ID		Issuing Authority of Valid Photo ID	
Name of Citizens Doc	<u>Expiration</u>	Expiration Date (if any) of Citizenship and/or Immigration Document(s)			

Notary's Certificate of Acknowledgement

State of				
City/County of				
On	, before me,		,	
(Date)		(Notary's Name)		
personally appeared,			, and proved to me	
	(Printed Nan	ne of Signer)		
on basis of satisfactory e		on Γype of Government-issue		
to be the above-named p	erson who signed the fo	oregoing instrument.		
WITNESS my hand an	d official seal			
(Notary Seal)		(Notary Signature)		
My commission expires				
	(Date)			

The student must submit the completed original form (not a copy) and a copy of the government issued photo ID(s) to:

Davenport University Student Financial Services 6191 Kraft Avenue S.E. Grand Rapids, MI 49512