Hackensack Meridian
School of Medicine

2026-2027 NOTARIZED CITIZENSHIP AFFIDAVIT

(To Be Signed in the Presence of a Notary)

I certify that I _____ am the individual signing this statement
(Print Student's Name)

I am providing a copy of my documents along with a copy of a valid government-issued photo identification card bearing my portrait (or likeness). I certify that the attached document(s) and government-issued photo identification are the true, exact, and complete copies of the originals issued to me.

NAME OF VALID PHOTO ID	EXPIRATION DATE OF VAILD PHOT ID	ISSUING AUTHORITY OF VALID PHOTO ID

NAME OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)	EXPIRATION DATE (IF ANY) OF CITIZENSHIP AND/OR IMMIGRATION DOCUMENT(S)

Notary's Certificate of Acknowledgement

State of _____City/County of _____ On_____,
(Date)

before me, _____, personally appeared,_____,
(Notary's name) (Printed name of signer/student)

and proved to me on the basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____
(Notary signature)

My commission expires on _____
(Date)

Certification and Signature

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____ _____ _____
Student's Signature (Required) SOM ID# Date

OFFICE OF STUDENT FINANICAL SERVICES
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