



Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID						DATE OF BIRTH

**Instructions:**

You are required to submit this form and supporting documentation directly to the School of Medicine Office of Financial Aid for processing.

**INCOMING AND CURRENT CWRU MD, PA, AND MSA STUDENTS:**

Please upload the completed form and supporting documentation online by logging into the My Financial Aid Portal, clicking on the 'Menu' in the upper left corner, clicking on the 'Documents and Messages' option to locate the **Proof of Citizenship** upload.

If you have any questions, please contact our office at [medfinancialaid@case.edu](mailto:medfinancialaid@case.edu).

Along with this form, please submit a clean and legible copy of:

1. Your birth certificate, or
2. Your Certificate of Naturalization, or
3. Your United States Passport, or
4. Your Permanent Resident/Green Card (front and back copy)

**AFFIDAVIT OF AUTHENTICITY**

I certify that the attached document and government issued photo identification are the true, exact, and complete copies of the originals issued to me. I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for any funds received on the basis of the information and documents I have provided.	
STUDENT'S SIGNATURE	DATE SIGNED