

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. 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.

If you have any questions, please feel free to contact us at medfinancialaid@case.edu or call 216-368-3666.

Please submit a clean and legible copy of:

1. Your birth certificate, or
2. Your Certificate of Naturalization, or
3. Your United States passport

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