

Return Information to: CSC START Office 1000 Main Street, Chadron NE 69337

ORIGINAL FORM MUST BE MAILED

Phone: (308) 432-6061

2023-2024 Citizenship Certification

Student's Last Name	Student's First Name	Student's M.I.	Student's NUID or Social Security #	
Student's Street Address (include apt. no.)			Student's Date of Birth	
City	State	Zip Code	Student's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	
below, such as, I (b) A copy of the val Passport. Additi forms N-560 or N	expired, valid government-ission out not limited to, a driver's licuid government-issued Citizen	ense, other state-is ship Document suc re: Form FS-240, zation forms N-550	ch as a Birth Certificate, or a current U.S. Form FS-545 Form DS-1350, Certificate of Citizer	
copy of my original do	cuments along with a copy	of a valid govern	individual signing this statement. I am provide ment-issued Photo ID. I certify that the attack complete copies of the originals issued to me	hed
Туре:	itizenship Document	Туре Ехрі	ration Date:	
WARNING: If you		eading information	you may be fined, be sentenced to jail or both DATE:	
ate of	City/County of			e me
	, persona ; atisfactory evidence of ident who signed the foregoing in	ntification	(Date) , an (Printed name of signer) to e of unexpired government-issued photo ID provided)	
TINESS my hand and o				
(ooai)		-	(Notary signature) My commission expires on	