

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

Phone: (308) 432-6061

(Date)

ORIGINAL FORM MUST BE MAILED

2023-2024 Eligible Non-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 Co	Student's Alternate or Cell Phone Number	
(a) U.S. Permanent 94) or Departure Permanent Resid	Record with the endorsemen	n Card (Form I-55 at "Processed for I	I) OR a copy of your Arrival-D -551, Temporary Evidence of lement provided below.		
	cuments along with a copy	of a valid govern	individual signing this state nment-issued Photo ID. I co complete copies of the orig	ertify that the attached	
	Proof of Eligible Type: Expiration Date:				
WARNING: If yo STUDENT SIGNATURE:	u purposely give false or misl	eading information	you may be fined, be sentence	ed to jail or both.	
	Notary's Certi	ficate of Ackno	wledgement		
State of	City/County of		On	, before me,	
	, persona	ally appeared, _	(Date)	, and	
(Notary's name) proved to me on basis of satisfactory evidence of identification			(Printed name of signer)		
the above-named person v	•	(Ty	pe of unexpired government-issued p	hoto ID provided)	
WITNESS my hand and o	official seal				
(seal)			(Notary signature)		
			My commission expires on		