

ALIEN REGISTRATION REQUIREMENT

Student Name: _____ **Student ID:** _____

Academic Period of Enrollment

Fall 2024, Spring 2025, Summer 2025 Fall 2025, Spring 2026, Summer 2026 Other _____

You either changed your citizenship information or reported you are an eligible non-citizen on your Free Application for Federal Student Aid (FAFSA). If you are an eligible non-citizen, the Department of Homeland Security (DHS) did not confirm your status. Please complete, sign, and date this form. If you are unsure if your status is eligible for Financial Aid, please contact our office. **When providing supporting documentation, the original documents must be presented in person at the UofL Student Financial Aid Office.*** Copies are not acceptable. Do not fax or email.

Are you a U.S. Citizen? (only check one response)

- Yes, I am a U.S. Citizen (U.S. National).**
 - **Present this form in person* with your original birth certificate, passport, passport card, State Department documents, Naturalization Certificate, Certificate of Citizenship, or another document that proves your citizenship. (Copies not accepted.)**
 - *To avoid future processing delays, please update your citizenship records with the Social Security Administration as soon as possible.*
 - Check this box if you have previously submitted your citizenship documents to the Student Financial Aid Office and your status remains the same.**
- No, but I am an eligible noncitizen.**
 - **Provide your 8 or 9 digit Alien Registration Number:** _____
 - **Present this form in person* with one of the following original documents. (Copies not accepted.)**
 - I-551 (Permanent Resident Card showing you are a U.S. permanent resident)
 - I-551C (conditional permanent resident with a Conditional Green Card)
 - I-94 (Arrival-Departure Record) from the Department of Homeland Security showing any of the following designations: Refugee, Asylum Granted, Parolee (I-94 confirming paroled for minimum of 1 year and status has not expired), T-Visa holder (T-1, T-2, T-3, etc.), or Cuban Haitian Entrant
 - Valid certification or eligibility letter from the Department of Health and Human Services showing a designation of Victim of human trafficking
 - I-797 with approval notice or prima facie status, court ordered suspension of deportation or court ordered cancellation of removal of the abused person under the Violence Against Women Act (VAWA)
 - **Please contact our office if you are an eligible noncitizen and you are unsure of what documentation to submit to verify your status.**
- No, I am not a U.S. citizen or eligible noncitizen.**
 - Indicate this option if you are in the U.S. and have been granted Deferred Action for Childhood Arrivals (DACA), an F1 or F2 student visa, a J1 or J2 exchange visitor visa, H or L series temporary employment visa, or a G series visa (pertaining to international organizations); or you are neither a citizen nor an eligible noncitizen. **You will not be eligible for federal student financial aid.**

** Federal requirements state the student must present original documentation that verifies citizenship prior to disbursement. If you are unable to do so, or cannot visit the office in person, please contact our office for guidance at 502-852-5511.*

By signing this form, you certify that all of the information you provided on the form and any submitted documentation is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposefully give false or misleading information you may be subject to criminal penalties under 20 U.S.C. 1097, which may include a fine up to \$20,000, imprisonment, or both.

Student Signature: _____ **Date:** _____ **Phone number:** _____

Signatures must be handwritten. Typed/font signatures will not be accepted.

Office Use Only Reported on ISIR: _____ **Original Documents Reviewed by:** _____ **Date:** _____
 CC: _____ CTZ stat: _____ Checklist: ARR _____ Date: _____ Init. _____
 Prim. DHS: _____ ARR #: _____ PK Summary > DHS/INS db Match
 Sec. DHS: _____ Name: _____ DOB: _____ Begin SAVE secondary confirmation process _____