

Student Name:

Office of Financial Aid 500 Salisbury Street Worcester, MA 01609 Email: fa@assumption.edu

Phone: (508) 767-7158 Fax: (508) 519-1286

Student ID#:_____

2023-2024 Citizenship or Permanent Residency Information Form

	Resident. I am attaching an eeded) or other documenta		Permanent Resident Card (both front ent status and A number.
G	cizen. I am eligible due to en n attaching documentation o		VAWA or Cuban Haitian entrant, or
I am unable to provide	documentation of my citize	enship or permanent res	idency.
			ocumentation to the Office of ny financial aid funds can be disbursed
By signing this form, each pers	on certifies that all the info	rmation reported is corr	ect and complete.
by signing and form, each pers	on certifies that all the line	inidion reported is con-	cot una complete.
Student	 Date	 Parent	Date