

College of Eastern Idaho
Citizenship and Immigration Status Attestation Form
(For Federally Funded Programs)

Participant Information

Name: _____

Date of Birth: _____

Program/Service: _____

Date of Participation: _____

Eligibility Statement

The program or service you are requesting is or may be funded in whole or in part by the U.S. Department of Education. Under federal law (8 U.S.C. § 1611 and § 1641), only the following certain individuals are eligible to receive federally funded benefits:

- U.S. Citizens or Nationals
- Lawful Permanent Residents ("Green Card" holders)
- Refugees or Asylees
- Other individuals lawfully present with eligible immigration status

☐ By checking this box, I affirm that I am a U.S. citizen or meet one of the above eligibility categories.

If you are under age 18, this form may be completed by a parent or legal guardian.

Affirmation

I declare under penalty of perjury that the information I have provided is true and complete. I understand that federal law prohibits the use of this program by individuals who are not legally eligible under PRWORA and that CEI may take further steps to verify eligibility, including use of the DHS SAVE program.

Signature of Participant (or Parent/Guardian):

Date

Privacy Notice:

This form is used solely to establish eligibility for federally funded educational services and will be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable federal regulations.