## 2025-2026



## Citizenship/Immigration Documentation

| Student's Name (PRINT):  |                            |                  |            | Phone: ()           |            |                   |                  |             |
|--|----------------------------|------------------|------------|---------------------|------------|-------------------|------------------|-------------|
| HCC ID:(9-digit_number_required)   | Date of Birth:             |                  | _/         | Home Cam            |            | (Primary lo       | cation of attend | ance)       |
| This form is for the collection of documents in person. If you do able to complete the processing            | not complete this for      | rm or sub        |            | •                   |            |                   | •                |             |
| You must attach true, exact, and photo identification (ID), such as  |                            | _                |            | •                   |            |                   | _                |             |
| NOTE: Forms of identification (s renewal will be not be accepted   |                            | nse) that h      | have exp   | pired with no rea   | al and re  | easonabl          | e opportuni      | ty for      |
|  |                            |                  |            |                     |            |                   |                  |             |
|  |                            |                  |            |                     |            |                   |                  |             |
|  | Citizenship,               | /Immigra         | tion Do    | cumentation         |            |                   |                  |             |
| I certify that I am the individual<br>a valid government-issued pho<br>documents and government-is<br>to me. | to identification card     | d bearing        | my por     | trait (or likeness  | s). I cer  | tify that         | the attache      | ed          |
| Name of Citizenship and/   | or Immigration Docu        | ıment            | Expir      | ation Date (if ar   | • •        | tizenshi<br>ument | p and/or Im      | migration   |
|  |                            |                  |            |                     |            |                   |                  |             |
|  |                            |                  |            |                     |            |                   |                  |             |
|  |                            | Certifi          | ication    |                     |            |                   |                  |             |
| By signing below, I/we acknown Purposely giving false or mislea  |                            |                  |            |                     |            |                   | complete a       | nd correct. |
| Student Signature:   |                            |                  |            |                     | D          | ate:              |                  |             |
| HCC is committed to a workplace and educ   | ational environment free o | f discrimination | ion and ha | rassment based upon | race, colo | r, religion,      | age, sex, gende  | r, national |

origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490 Fax: 713-718-8196

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