2010-2011
Financial Aid Department
570 Golden Eagle Avenue
Quincy, CA 95971
Statement Form

Student Name: _____

Student ID # _____

Name of person completing statement: _____

I/we herby certify that all information reported on this form and any attachments hereto is true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature:_____**Date**_____