Revised 06/16/20

Name of Financial Aid Applicant (*Please print in **Black Ink***)

_____

Last **First** **MI**

Student ID Number: _____

CUYAMACA COLLEGE
2020-2021 STATEMENT OF FACT

I, _____ ,certify that:
(please print your name)

By signing this form, I (we) certify that all the information reported on this form is true, complete, and correct.

WARNING: If you purposely give false or misleading information on the statement you may be fined, sentenced to jail, or both.

Student's Signature Date

Spouse or Parent Name (Please print)

Spouse or Parent Signature Date

Financial Aid Office
900 Rancho San Diego Parkway, El Cajon, CA 92019-4369