

2023-2024 Miscellaneous Self Certification Form

Last Name	First Name	MI	Student ID	Date of Birth
	d Office at San Bernarc pdate your 2023-2024 F		lege may use the inform: tion.	ation you provide
High School D	iploma—Equivalen	cy Statement	<u>t</u>	
I hav w	e a high school diploma fro hich I received on:	m:(To be used t	to correct FAFSA only)	
I hav	e a GED from:	v	which I received on:	(To be used to correct FAFSA only)
	nded college prior to July 1 Proof must be provided to th			pproved ability-to-benefit test (ATB).
			reviously determined to have San Bernardino Valley Colle	e passed six credits of college work that are ege.
	es No (ch		lease note the CA certificate	of completion is not eligible)
employees?	rour spouse if married) or y	our parent(s) (if I	Dependent) have a business w	which employs 100 or more full-time
If yes, plea	se indicate the net worth of	that business: \$		
Declining Fina	ncial Aid			
Plea	ase cancel my award(s) for t	the <u>2023-2024</u> aw	vard year.	
<u>Other</u>				
	cumentation is being reques previous award year.	ted based on the i	nformation I provided on my	y FAFSA that I have submitted during a
Certification an	d Signature			

By signing below you are certifying that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature

Date