

2016-2017 Miscellaneous Self Certification Form

Last Name	First Name	MI	Student ID	Date of Birth
update your 201	id Office at San Bernard 6-2017 FAFSA Applicat Diploma—Equivalen	ion.	·	ation you provide on this form to
	ve a high school diploma fro which I received on:			
I hav	ve a GED from:	W	hich I received on:	(To be used to correct FAFSA only)
	ended college prior to July 1 Proof must be provided to the			oproved ability-to-benefit test (ATB).
	ended college prior to July 1 pplicable to a degree or cert			e passed six credits of college work that are ege.
	Yes No (ch		ease note the CA certificate	of completion is not eligible)
employees?		our parent(s) (if D	ependent) have a business v	which employs 100 or more full-time
If yes, plea	ase indicate the net worth of	that business: \$		
Declining Fina	ancial Aid			
Ple	ase cancel my award(s) for	the <u>2016-2017</u> aw	ard year.	
<u>Other</u>				
Do	cumentation is being reques previous award year.	ted based on the in	nformation I provided on my	y FAFSA that I have submitted during a
Certification an	nd Signature			
	w you are certifying tha false or misleading info		-	aplete and correct. WARNING: If you rison, or both.
Student's Signa	ture	_	Date	_