

(Please complete form using blue or black inl	ĸ.)
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4 NO

Office of Financial Aid

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SC

ast Name	First Name	M.I.	SCC ID#	
omplete to the best	natures below, all the information pr of my (our) knowledge. I understand tion to verify the information below.			
I certify that I	have not obtained a Bachelor's Deg	ree		
			marital status is	
(Single/Marrie	Name d/Separated/Divorced/Widowed) as	, certify that my	Year Initial	
				f IRS tax-
related identity	Name y theft and the IRS has been made a	aware of the tax-related	identity theft.	tial
□ I,	Name	, certify that I did	d not work or receiv	ve income
from working	for the year Year Initial			
□ I,	Name	, certify that I did	d not file an IRS In	come Tax
Return for the	year			
Other:				
				 Initial
	you purposely give false or misleadin nt of Education. You may be fined, se		orksheet, you will b	
Student's Signa	ature:		Date:	
Parent's Signat	ure:		_ Date:	
(Dependent Stud	ono ony			
	Attn: Faxed copies will not be accep	ted. Originals must be submi	tted.	