Fullerton College Financial Aid Office
Statement of Fact 2009-2010

Last Name:_____ First:_____ M.I.____

Social Security Number: - - Phone Number: ( ) _____

I, _____hereby certify that:
(Full Name, Please Print)

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I declare under penalty of perjury that all of the above information is true and correct.

_____ _____
Student Signature Date

_____ _____
Parent's Signature (If Dependent Student) Date