



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

# 2016 – 2017 Statement of Fact



Please check campus:  Cañada College  College of San Mateo  Skyline College

## A. Student Information

Last Name	First Name	M.I.	Student ID Number	
Street Address	City	ST	Zip	Phone Number

## B. Statement

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If statement is continued on another page, please check box

## C. Certification and Signature

By signing below you certify that all of the information reported on this form is complete and correct.

Student Signature	Date
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**Must submit with valid photo ID**

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

**IMPORTANT**  
Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.