



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT



**2018-2019  
Statement of Fact**

**Student Information:**

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Last Name	First Name	Student ID Number
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**Statement**

If statement is continued on another page, please check box

**Certification and Signature**

By signing below, I certify that all of the information reported is complete and correct.

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Student Signature

Date

**Must show valid photo ID at the time of submission**

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.