SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

Statement of Fact

* F A C T *

Last Name	First Name	MI		G00_____ Student ID
Street	City	ST	Zip	Phone Number

Please check ☐ if statement is continued on another page.

Signature: _____ Date: _____

By my signature, I certify all the information reported on this form is complete and correct..

District Colleges	Phone
Cañada College	650-306-3307
College of San Mateo	650-574-6147
Skyline College	650-738-4236