STUDENT ID



STUDENT LAST NAME

## **Financial Aid and Scholarships Office**

5150 N. Maple Avenue, M/S JA 64 Fresno, CA 93740-8026 Phone: (559) 278-2182 Fax: (559) 278-4833 www.fresnostate.edu/studentaffairs/financialaid

PHONE NUMBER (with area code)

## **Parent Statement**

STUDENT FIRST NAME

PLEASE PRINT IN BLACK INK		
D.4	DENT CERTIFICATION C	
PARENT CERTIFICATION & SIGNATURE(S)		
By signing this statement, I certify that all th		and correct.
Parent Name	Parent Signature	 Date
	leading information you may be fined, be sentenced to ja	
		, 5. 30411
	FOR OFFICE USE	
Comments:		
	DV.	DATE