

**Financial Aid Office  
2009-2010 Certification Form**

FAO Date Stamp

***Please complete, sign and return this form with any other required documentation.***

Name of Financial Aid Applicant \_\_\_\_\_  
Last First M

Social Security Number \_\_\_\_\_

1. Please indicate the college you will attend during the following terms:

Fall 2009  SRJC  Other \_\_\_\_\_

Spring 2010  SRJC  Other \_\_\_\_\_

Summer 2010  SRJC  Other \_\_\_\_\_

2. Authorization to release Financial Aid information. My financial aid information

may  may not

be released to: \_\_\_\_\_

**"I certify all of the information is true and accurate. I agree to provide proof of the information that I have reported on this form if requested to do so by any authorized official."**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:

**Financial Aid Office  
Plover Hall  
Santa Rosa Junior College  
1501 Mendocino Ave.  
Santa Rosa, CA 95401  
FAX: 707-527-4499  
Phone: 707-527-4471**