

## 2017 – 2018 Statement of Fact



Please check campus:

Cañada College

College of San Mateo

Skyline College

Stud	ont	Infor	mation
ouu			111AIICHI

Student Signature

Last Name	First Na	ame	Middl	le Initial	Student ID	
Street Address	City		State		Phone Number	
Statement						
		If statement is continued on another page, please check box				
Certification and Signature						
By signing below, you certify that all	of the information	reported on t	his form i	s complete an	d correct.	

Must show valid photo ID at the time of submission.

Date