

## 2025-2026 Miscellaneous Self Certification Form

Last Name	First Name	MI	Student ID	Date of Birth
	d Office at San Bernard pdate your 2025-2026 F		llege may use the informa ation.	ntion you provide
High School D	oiploma—Equivalen	<u>cy Statemen</u>	<u>t</u>	
I hav	e a high school diploma fro	om: High Schoo	l Name:	
High	igh School City and State: Date Diploma was Earned:			
(To b	e used to correct FAFSA or	nly)		
I hav	e a GED from:		which I received on:	(To be used to correct FAFSA only
	nded college prior to July 1 Proof must be provided to tl			proved ability-to-benefit test (ATB).
			reviously determined to have 7 San Bernardino Valley Colle	passed six credits of college work that are ege.
Y	les No (ch		lease note the CA certificate of	of completion is not eligible)
Business Own	<u>ership</u>			
employees?	your spouse if married) or y	our parent(s) (if I	Dependent) have a business w	hich employs 100 or more full-time
If yes, plea	ase indicate the net worth of	f that business: \$		
<b>Declining Fina</b>	ancial Aid			
Plea	ase cancel my award(s) for t	the <u>2025-2026</u> av	vard year.	
	cumentation is being reques previous award year.	ted based on the	information I provided on my	FAFSA that I have submitted during a
Certification an	nd Signature			
			ormation reported is comp may be fined, sent to pr	plete and correct. <i>WARNING: If you ison, or both.</i>

Student's Signature

Date