In order to determine your aid eligibility at U@[^}& Col As a result of our inquiry into the National Student Loa]^}åi}*\[\^-\a^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	n Database System it appears that c@^\^ʎa-ʎæʎ tion -['lʎc@^ʎsame ^}'[{ ^}cʎ]^'a[aʎ-['lʎ] @a&@ you are to]'[&^^aʎ] ac@ʎ^[`lʎ!^~ `^•cʎ-['lʎ-^a^'ælʎæia. with Federal Regulations, we will need you to obtain previous educational institution.
Please sign to give authorization to release information	
Student Signature	Date:
Non-Discrimination Statement	
The Maricopa County Community College District (MCCCD) is an EEO / AA instituted disabilities. All qualified applicants will receive consideration for employment with national origin. A lack of English language skills will not be a barrier to admission a	out regard to race, color, religion, sex, sexual orientation, gender identity, age, or
The Maricopa County Community College District does not discriminate on the basi Title IX / 504 concerns, call the following number to reach the appointed coordinat coordinators within the Maricopa College system, visit http://www.maricopa.edu/	s of race, color, national origin, sex, disability or age in its programs or activities. For or: (480) 731-8499. For additional information, as well as a listing of all non-discrimination.
	nancial Aid Administrator at your previous educational r the form to be reviewed. Incomplete forms will not be
Student:	
Student Name:	SSN:
To be completed by Financial Aid Office:	
Academic Year:	
Offici	alL T T T enat Ô T

Dear Student:

Institution Name:			
Address:			
City:	State:	Zip Code:	
Phone: Email			
Name of School Certifying Official (Print) _			
Signature of School Certifying Official			