



Name of Financial Aid Applicant (Please print in BLACK INK)

Last First Middle

Social Security Number:

RETURN TO:
Cuyamaca College
Financial Aid Office
900 Rancho San Diego Parkway
El Cajon, CA 92019-4369
FAX 619 660-4279 Phone: 619 660-4201

AGENCY CERTIFICATION—UNTAXED INCOME

Federal and state regulations relative to student financial aid mandate coordination and verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to Sections 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY
I authorize the appropriate office/agency to provide the information requested by the school listed above.

Form section for student/spouse/parent completion, including signature lines, dates, and checkboxes for various benefits like Vocational Rehabilitation, SSI, Veteran's Benefits, etc.

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

Form section for agency completion, including checkboxes for assistance status and a table for benefit details with columns for Total 2008 and Current Monthly Amount.

Form section for Agency Representative, including fields for Name, Title, Signature, Date, and Telephone Number.

AGENCY STAMP REQUIRED

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves.