Victor Valley COMMUNITY COLLEGE

Child Development Center

AFFIDAVIT

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

I, _____ **living at**

_____ **San Bernardino County, California,**

certify through my signature that the statement given below is true and correct to the best of my knowledge and belief: _____

_____

_____

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_____

Signature _____ **Date** _____

ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE PENALTIES PRESCRIBED FOR PERJURY IN THE PENAL CODE BY THE STATE OF CALIFORNIA, SEC. 11054 OF THE W. & I. CODE

_____ _____ _____

SIGNATURE WITNESSED AND VERIFIED BY **TITLE** **DATE**