Victor Valley College
Rigorous Course of Study
Validation Form

Date _____ SSN or Student College ID _____ Email Address _____

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

High School Attended _____ Date Graduated (MM/YY) _____

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to _____
Victor Valley College

Student Signature _____ Date _____

The student identified above may be eligible for an additional grant in the amount of $750-$1300 based on this validation. When validation is complete please return to the school financial aid office.

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