



Office of Financial Aid
One Stop, Bldg. 23
 18422 Bear Valley Road
 Victorville, CA 92395
 Telephone: 760.245.4271

2023-2024 STATEMENT OF FACT

Last Name: _____ First: _____ M.I. _____

Student ID # _____ Phone Number: _____

I, _____ hereby certify that:
 (Full Name, Please Print)

I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that **Victor Valley College's Office of Financial Aid has the authority to verify information reported with other federal and state agencies.** I further understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both. I certify that the information provided is true and correct and declare, under penalty of perjury, and that it will be used to determine your financial aid eligibility in accordance with federal regulations.

 Student's Signature

 Date

 Parent's Signature (Dependent Students only)

 Date

(NOTE: We do not accept electronic signatures)