



2024-2025 THIRD PARTY CERTIFICATION

Complete form in blue or black ink

To the student: Please give this form to someone who knows your situation well, such as clergy, social worker, or other social services personnel, court official, teacher, counselor, or police officer. After completion, attach this form to your Change of Dependency Request form through the Mt. SAC Financial Aid Office Adobe Sign System.

STEP 1: STUDENT'S INFORMATION

Student's Last Name Student's First Name Student's M.I. Student's Mt. SAC ID Number Date of Birth

STEP 2: DESCRIBE STUDENT'S HOME SITUATION AND RELATIONSHIP WITH PARENTS

Please describe the above student's home situation and relationship with his/her parents in enough detail for the Financial Aid Office at Mt. San Antonio College to determine if there is an adverse home situation.

Lined area for describing the student's home situation and relationship with parents.

(Attach additional sheets if needed)

STEP 3: CERTIFICATION AND SIGNATURE

I certify that the above statement is true and correct to the best of my knowledge.

Third Party's Signature, Date, Third Party's Printed Name, Telephone Number, Address, City, State, and Zip Code, Relation to Student, How long have you known the student?