

## MT. SAN ANTONIO COLLEGE • FINANCIAL AID OFFICE 1100 North Grand Avenue • Walnut, CA • 91789

## 2023-2024 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.

Student's Last Name	Student's First Name	Student's M.I.	Student's Mt. SAC ID Number	Date of Birth
STEP 2: DESCRIBE STUDE	NT'S HOME SITUATION AN	D RELATIONSHIP WI	TH PARENTS	
	e student's home situation a to determine if there is an a		his/her parents in enough detail for the Fon.	inancial Aid Office
(Attach additional sheets	if needed)			
STEP 3: CERTIFICATION A				
I certify that the above st	atement is true and correct	to the best of my kn	owledge.	
Third Party's Signature			Date	
Third Party's Printed Na	me		Telephone Number	
Address			City, State, and Zip Code	
Relation to Student			How long have you known the student?	