



COMMUNITY
COLLEGE OF
DENVER

Financial Aid & Scholarships
Confluence Building – Room 120
800 Curtis St. Denver, CO 80204
303.556.5503 | financialaid@ccd.edu

Affidavit

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

I certify that I, _____, am the individual
(print student's name)

signing the statement and I am providing a copy of my documents as well as a copy of a valid government-issued photo identification card.

I certify that the attached documents and government-issued photo identification are true, exact and complete copies of the originals issued to me.

1. Name of Document Being Submitted: _____

Expiration Date (if any) of Document Submitted: _____

2. Name of Document Being Submitted: _____

Expiration Date (if any) of Document Submitted: _____

3. Name of Document Being Submitted: _____

Expiration Date (if any) of Document Submitted: _____

I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received illegally.

Student Signature: _____ Date: _____

Mailing Address: Campus Box 206 | P.O. Box 173363 | Denver, CO 80217