The City College of New York
Financial Aid Office

Wille Administration Bldg.
Room A-104
(212) 650-6656

Additional Explanation – Verification

Academic Year _____ to _____

Date: _____

Student: _____ _____ _____ Last four of SSN: XXX - XX - ___ ___ ___ ___
Last First M.

EMPLID: ___ ___ ___ ___ ___ ___ ___ ___

Please (clearly) write the explanation you want to provide and/or the explanation requested by the Financial Aid Office:

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(Note: Documentation may be required to support explanation(s) given here. Photocopies of documents cannot be returned.)

Signed by: ❒ Student ❒ Spouse ❒ Parent

I confirm that the information above is true and complete: _____ / _____
Signature Date

Print Name: _____ _____
Last name First name