The City College of New York
Financial Aid Office

Additional Explanation – Verification

Academic Year: _____ to _____

Date: _____

1.) Student Name: _____, _____ _____
Last Name First Name M.

2.) Student EMPLID #: ___ ___ ___ ___ ___ ___ ___ ___

3.) 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 will not be returned.)

4.) Signed by: ☐ Student ☐ Spouse ☐ Parent

Print Name: _____, _____
Last First

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