

Clarification Statement 2023-2024

Name: _____ ACC Student ID#: **S** _____

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature and Date

Parent Signature (for dependent students) and Date

Arapahoe Community College Office of Financial Aid • 5900 S. Santa Fe Drive Littleton, CO 80120
Phone: 303.797.5661 • Fax: 303.797.5663 • Email: financialaid@arapahoe.edu