Financial Aid Office
Parker Hall
Carrollton, Georgia 30118-4600

2017-2018 Financial Aid Statement

Student Name: _____ **UWG ID#** _____

I, the undersigned, do hereby state that the following is a true and correct statement. I know and understand that if I purposely give false or misleading information on this statement I can be fined, sentenced to jail, or both.

Statement made by (please print name): _____

Relationship to student: _____

Please use the reverse side if additional space is needed.

Signature:_____ **Date**:_____

Please allow 24-48 hours for documents to be posted on Banweb and/or to confirm receipt.

Tel 678-839-6421 • Fax 678-839-6422
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