

**Financial Aid  
Certification Signature Form**

**2009-10**

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All students must read and sign the statement below. Return the form to the campus you will be attending.

\_\_\_\_\_  
**Student's Name Printed**

\_\_\_\_\_  
**CCBC ID** (not your social security number.)

\_\_\_\_\_  
**Student's E-mail Address**

\_\_\_\_\_  
**Student's Date of Birth**

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I give my permission to CCBC to use any remaining financial aid money to pay unpaid expenses for the 2009-10 academic year.

I give my permission for books and supply purchases made in the College Bookstore to be deducted from aid awarded to me in the form of grants, scholarships, or loans.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

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**CCBC Catonsville**  
Financial Aid Office  
800 South Rolling Road  
Baltimore, Maryland 21228

**CCBC Dundalk**  
Financial Aid Office  
7200 Sollers Point Road  
Baltimore, Maryland 21222

**CCBC Essex**  
Financial Aid Office  
7201 Rossville Boulevard  
Baltimore, Maryland 21237