



**CRANFORD
CAMPUS**
1033 Springfield Ave
Cranford, NJ 07016
Phone: (908) 709-7500
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**ELIZABETH
CAMPUS**
40 West Jersey Street
Elizabeth, NJ 07016
Phone: (908) 965-6050
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**PLAINFIELD
CAMPUS**
232 East Second Street
Plainfield, NJ 07060
Phone: (908) 412-3571
Fax: (908) 791-4965



2016-2017 Statement of High School Graduation

Student Name: _____ ID: _____

1. Do you have a high school diploma? Yes No

If you indicated yes and received a High School Diploma, please state the following:

I certify that I graduated from _____
Name of High School

On _____ / _____.
Month Year

2. If you received an equivalent to a high school diploma, then please state which equivalent and the date that you achieved the equivalency:

GED completed on _____/_____/_____

Home School completed on _____/_____/_____

None of the Above

I certify that all information on this form is complete and correct. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

NOTE: Computer generated signatures are not acceptable.

Student Signature: _____ Date: _____

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

<http://ucc.financialaidtv.com/>

Financial Aid Office – financialaid@ucc.edu

