

Affidavit for Student Supporting Documentation

To be completed by a person who has firsthand knowledge of the student's situation.

This completed form must be returned to Financial Aid with a copy of the signor's photo ID.

Student Name _____ SC ID# _____

1. What is your relationship to the student?

2. How long have you known the student?

3. What is your knowledge of the student's situation? Additional pages (typed or handwritten) may be attached to this page.

Your Name _____

Phone # _____ Email _____

I certify that the above information contained in these statements is true, complete, and accurate.

Signature _____ Date _____

(SIGNATURES MUST BE HANDWRITTEN)