

### **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?

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2. How long have you known the student?

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

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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)