

MAIL THIS FORM TO: SUNY New Paltz Financial Aid Office 200 Hawk Drive New Paltz, NY 12561

2016-2017 High School Completion Certification

Student's Info	ormation:	,	
Last Name	First Name	M.I.	Student ID Number
Street Address			Date of Birth
City, State, Zip Code			Phone Number (include area code)
Name of High School			Date of High School Graduation
 A copy of diploma via A copy of received State received An acade program If State la credential copy of the credential student's that documents setting. A copy of 	was awarded. If the student's GED certify by a student after the student after the student after the student after the student after that indicated that is acceptable for fulling requires a homeschool (other hat credential. In wides not require a how does not require a how all (other than a high school parent or guardian, that uments the successful contains a student and the successful contains a student after the student after t	ficate, official GEI udent has passed t of a high school ates the student I credit toward a bled student to o than a high scho meschooled student tool diploma), a tra t lists the second mpletion of a second	successfully completed at least a two-year bachelor's degree. btain a secondary school completion ol diploma or its recognized equivalent), a lent to obtain a secondary school completion anscript or the equivalent, signed by the ary school courses the student completed and condary school education in a homeschool or other similar document for students who
I certify that the in	formation reported is comp	plete and correct.	
Student signature			Date