



Office of Student Financial Aid and Scholarship Services

MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001
Phone: 575-646-4105
Toll Free: 877-278-8586

Certification of Birth Date 2009 – 2010

Student's Name

Banner ID Number

Please give information for: Student Parent

I, _____, certify that:

My date of birth as stated on my birth certificate is:

Month _____ Day _____ Year _____

Certification Warning: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

Student Signature

Date

Parent Signature (if applicable)

Date