



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 2010 – 2011

\_\_\_\_\_  
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