

DE ANZA COLLEGE
Financial Aid Office
21250 Stevens Creek Blvd
Cupertino, CA 95014-5793

Name of Financial Aid Applicant:

Last

First

Student ID (SID) **OR**

SSN

**2007-2008
ACG VERIFICATION**

I authorize high school officials to release information regarding my high school transcripts to De Anza College.

Student's Signature

Date

TO BE COMPLETED BY THE HIGH SCHOOL:

This student may be eligible for the federal Academic Competitiveness Grant (ACG). Please confirm whether this student has completed any of the following rigorous courses of study:

Name of high school _____

Date of high school graduation _____

Completed the California A – G Course Requirements

Golden State Seal Merit Diploma

AP exam # _____ Score _____ Passed AP Course _____
AP exam # _____ Score _____ Passed AP Course _____

California International Baccalaureate exam – score _____
OR

Completed out-of-state requirements in _____ (state)
Type of rigorous course requirement _____

Did not complete a rigorous Course of Study

Print Name and Title of School Official

Phone #

Signature of School Official

Date

School
Stamp/Seal

RETURN COMPLETED FORM TO FINANCIAL AID OFFICE AT DE ANZA COLLEGE

For Office Use Only

322 336 Rig Code _____ 313 Pell _____ Cit _____

111 Full-time _____ Undergrad _____ 314 Yr in School P 1 2