

# Cape Fear Community College

## Certification and Signatures

### Certification and Signatures

Each person signing below certifies that all of the Information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Last Name    First Name    M.I.

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student's Street Address (include apt. no.)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Home Phone Number (include area code)

\_\_\_\_\_  
Student's Alternate or Cell Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date