FORDHAM

Submit Documents Via
Secure Electronic Submission:
my.fordham.edu/fasubmitdocs
or
Fax: (718) 817-3921

2019-2020 Student Cash, Checking and Savings Clarification

STUDENT:_____ _____ **FIDN#: A**_____
Last Name **First Name**

Please clarify the total amount reported for your cash, checking and savings.

Enter "0" if the answer is Zero. Do not leave blank.

Total student Cash, Checking and Savings as of the day the FAFSA was filed: $_____

_____	_____	_____
Student's Name (Print)	**Student's Signature**	**Date**
_____	_____	_____
Parent's Name (Print)	**Parent's Signature**	**Date**

By signing this form, you certify the information reported above is true and accurate to the best of your knowledge. If additional information is requested, you agree to provide us with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature.

Office of Student Financial Services
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Lincoln Center Campus ⁞113 West 60th St. ⁞ New York, NY 10023
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