



Return to:
5500 University Parkway
San Bernardino, CA 92407
University Hall 150
Tel: (909) 537-5227
Fax: (909) 537-7024

2011-2012 Independent Verification: Tax Filing Extension Policy

Student Name

Coyote ID

Address (include apt. number)

Date of birth

City

State

ZIP Code

Telephone (include area code)

Part 1. Student (and spouse if married) must submit the following:

- _____ Completed and signed 2011-2012 Independent Verification Worksheet
- _____ Copies of all 2010 W-2 forms
- _____ A copy of Form 4868 or electronic acknowledgement

Part 2. I understand and agree to the following: *(Please initial each line)*

- _____ The Financial Aid Office will only authorize and package aid for the 2011 Fall Term.
- _____ If the final 1040 form is not submitted to the Financial Aid Office by November 14, 2011, then all aid, including funds disbursed, will be cancelled. The resulting balance will be my responsibility.
- _____ Non-repayment of funds may result in a hold being placed on my account and can affect future enrollment.

CERTIFICATION:

By signing this form, I (we) certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I (we) agree to provide additional proof of the information if requested to do so. **Signature is required for the student, spouse signature is optional.**

Student's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____