

Hinds Community College Office of Financial Aid 2019-2020 Bachelor's Degree Verification

Office Use Only:	
Name:	
ID:	
Received by:	

			Verification	Received by:FA19CBDF
A. STUDENT	INFORMATION			
Last Name	First Name	M.I.	ID Number (REQUIRED)	Phone number
B. BACHELO	R DEGREE VERIFI	CATION		
On your <i>FAFSA,</i> yo	ou indicated that you hav	re a Bachelor's deg	gree. For verification purposes, pleas	e check the appropriate box below.
☐ Ye	es, I do have a Bach	elor's degree.		
□ N	o, I do not have a B	achelor's degre	ee.	
C. CERTIFIC	ATION			
I certify that all in	formation reported to qu	alify for Federal St	udent Aid is complete and correct.	
				Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.
Student Signa	ature:			Date:

Hinds Community College Notice of Non-discrimination Statement: In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titleIX@hindscc.edu