

Facsimile

To: **FAX No.: 408.855.5546**
 Office of Financial Aid
 Mission College
 3000 Mission College Blvd, MS#9
 Santa Clara, CA 95054

Please use black or blue ink to complete this cover sheet.

Date: _____

From: _____
 Last Name, First Name, Middle Initial - Print Legibly



Student ID Number

Pages:  _____, including this cover sheet.

I understand that these facsimiles will be treated as originals in my file at the Mission College Financial Aid Office. I am submitting the following documents *WITH MY FULL NAME AND STUDENT ID NUMBER WRITTEN ON EACH PAGE:*
