

Name: ARMA MUME
SSN:712-27-6392 (5)
Academic Year:2020-21
AFFIRMATION & CONSENT

I affirm, under penalties of perjury under the laws of New York State ("NYS"), that the information contained and/or submitted herein is true and complete. I authorize the NYS Higher Education Services Corporation ("HESC") to provide NYS agencies with any information needed to verify the statements made herein. I also authorize such agencies to provide HESC with information needed to assess the applicant's eligibility for NYS financial aid, including tax return information, for all periods reported herein and for any and all subsequent periods for which financial aid is sought.

Parent 1's reported SSN (last 4 digits):8902

Parent 1's reported Last Name: Rahman

Parent 1's signature

Date