

2025-2026 Clarification Statement

Name: _____ ACC Student ID#: S _____

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature Date

Parent Signature (for dependent students) Date

Arapahoe Community College Office of Financial Aid • 5900 S. Santa Fe Drive Littleton, CO 80160
Phone: 303.797.5661 • Fax: 303.797.5663 • Email: financialaid@arapahoe.edu