

# 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:***

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