Mississippi Office of Student Financial Aid

Certification Statement

_(Term and Year)_ Consolidated Balancing Report

INSTITUTION:________________________________________________________

I certify that we have reviewed the (Term and Year) Consolidated Balancing Reports and the report is a true and accurate statement of all disbursements by this institution, by program, by term and by student, for the period of (Starting Month Date, Year) through (Ending Month Date, Year).

________________________________________________________

Signed                  Title                  Date