

# 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).

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Signed

Title

Date