Mississippi Office of Student Financial Aid

Certification Statement

[Term YYYY] Consolidated Balancing Report

INSTITUTION:_____

I certify that we have reviewed the [Term YYYY] Consolidated Balancing Report 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 [Month DD, YYYY] through [Month DD, YYYY].

_____

Signed **Title** **Date**

Fund	**Refund Amt**	**Check Number**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____