



Date _____

I _____ confirm that I have not and will not received federal financial aid from any other educational institution during the time period from July 1, 2026 to the above date.
student name printed
This release is for bookstore credit purposes only, not for disbursement purposes.

Student signature

COCC ID number

Financial Aid Office
541.383.7260 • fax: 541.383.7506
2600 NW College Way, Bend, Oregon 97703
www.cocc.edu/financial-aid • e-mail: coccfinaid@cocc.edu

Office use only

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