	Office of 20 Bachel	munity College FFinancial Aid 23-2024 or's Degree ification	Office Use Only: Name:
A. STUDENT INFORMA	TION		
Last Name First Nan	ne M.I. ID Num	ber (REQUIRED)	Phone number
B. BACHELOR DEGREE	VERIFICATION		
On your <i>FAFSA,</i> you indicated t	hat you have a Bachelor's degree. For ve	erification purposes, please cl	neck the appropriate box below.
🗌 Yes, I do hav	ve a Bachelor's degree.		
🗌 No, I do not	have a Bachelor's degree.		
C. CERTIFICATION			
I certify that all information rep	orted to qualify for Federal Student Aid i	s complete and correct.	
		i	Warning: Purposely giving false or misleading nformation may result in a fine, imprisonment, or ooth.

Student Signature:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. We recognize our responsibility to provide an open and welcoming environment that fosters a culture of diversity, equity, and inclusion for employees and students to collaboratively learn, work and serve our communities. The following have been designated to handle inquiries regarding these policies:

Date:_____

EEOC Compliance: Director of Diversity, Equity and Inclusion Box 1100 Raymond MS 39154; Phone: 601-857-3458 or Email: EEOC@hindscc.edu.

Title IX: DeAndre House, Associate Vice President Student Services, Title IX: Coordinator Box 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: TitleIX@hindscc.edu.

Mail to: Office of Financial Aid - P.O. Box 1100 - Raymond, MS 39154-1100 Fax: 601-857-3605 Page 1 of 1