

**GROSSMONT COLLEGE**

Student's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last, First)

**Affirmation of Direct Care and Control**

I certify under penalty of perjury that I \_\_\_\_\_  
(Name)

have had continuous direct care and control of \_\_\_\_\_  
(Student's Name)

from \_\_\_\_\_ to \_\_\_\_\_ and that the attached  
(month/day/year) (month/day/year)

Residence Questionnaire reflects my legal residence.

\_\_\_\_\_  
SIGNATURE

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

at \_\_\_\_\_, CA.