

**High School Graduation/GED Certification  
Long Beach City College  
Financial Aid Office**

Student's Name: \_\_\_\_\_

Student's ID#: \_\_\_\_\_

✓ **Please check the item that applies to you and fill out the information requested.**

\_\_\_\_\_ **I graduated from high school.**

Name of high school: \_\_\_\_\_

Location (city and state or country): \_\_\_\_\_

Year graduated: \_\_\_\_\_

\_\_\_\_\_ **I have a GED.**

Name: \_\_\_\_\_

Location (city and state or country): \_\_\_\_\_

\_\_\_\_\_ **I have a California High School Equivalency.**

Year received: \_\_\_\_\_

I hereby certify that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date