

**EOF ON-LINE SUPPLEMENTAL ROSTER
SYSTEM CERTIFICATION**
EDUCATIONAL OPPORTUNITY FUND
Office of the Secretary of Higher Education
PO Box 542
Trenton, New Jersey 08625

FAX

No cover page is needed. **Certifications received after 3:00 pm will not be processed.** Original signature page must be mailed to the EOF office within one week of processing.

FAX TO: Shakia Williams, EOF Undergraduate Payment Coordinator
PHONE: 609-984-2631
FAX #: 609-633-8420

FROM: INSTITUTION: _____

CODE: _____

DATE: _____

I hereby certify, as a representative of the educational institution named above, that this roster has been processed in accordance with instructions provided and that payments requested for eligible students are in compliance with the Educational Opportunity Fund Regulations. Students on this roster meet the standards of academic performance and progress required by this institution.

(EOF Director – Signature)

(Telephone Number)

(EOF Director – Print)

(Date)

(Financial Aid Director – Signature)

(Telephone Number)

(Financial Aid Director – Print)

(Date)