



2017-2018 INSTITUTIONAL STUDENT INFORMATION RECORD (SIGNATURE PAGE)

Student Name _____

Social Security Number _____ - _____ - _____ Birth Date ____/____/____

READ, SIGN AND DATE

If you are the student, by signing, you certify that you (1) will use federal/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it and (4) will notify your school if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are the parent or the student, by signing, you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include your federal or state income tax transcript. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA with the Internal Revenue Service and other Federal agencies. If you sign any document related to the federal student aid programs electronically using an FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison or both.

Everyone whose information is given on the FAFSA should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

SIGNATURE(S) - REQUIRED

SIGNATURE(S) REQUIRED_____
Student signature_____
Date_____
Parent signature (Dependent Students Only)_____
Date**WARNING: If you give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**