



2018-2019 Student/Parent Signature Page

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| Student Name: | SSN or ID: |
| Phone Number: | Date of Birth: |

Please read the certification below and provide your signature(s) at the bottom.

By providing your signature as the student or parent of the student, you agree if asked, to provide information that will verify the accuracy of your completed FAFSA application. This information may require that you submit a copy of your 2016 Federal Tax Return Transcript and/or 2016 W2s. In addition, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other Federal Agencies. If you purposely give false or misleading information, you may be fined \$20,000.00, sent to prison, or both.

Certification

By signing this form you certify that you (1) will use federal and/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, (4) will notify your school if you default on a federal student loan and (5) will not receive a Federal Pell grant from more than one school for the same semester.

Student's Signature

Date

*Parent Signature

Date

*Only if parental information was required on the FAFSA.