

***Institutional Student Information Record
Signature Page***

Financial Aid Year: 2019-2020

Student's Name _____ / _____
(Print) Last Four of Social Security # Student ID#

Read, Sign and Date

If you are the student, by signing this application 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, and (4) will notify your school if you default on a federal student loan.

If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms. Also, 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, sent to prison, or both.

Everyone whose information is given on this form should sign below. Signatures are required for the student and at least one parent, if parent information is given.

Student: _____ Date: _____
Signature

Parent: _____ Date: _____
Signature

Return this form and any attachments to the above address.