

FAFSA Signature Page 2018-2019

NAME: _____ SID#: _____

If you are the student, by signing this signature page and submitting to the LMC Financial Aid Office, 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 for repayment.
3. Do not owe money back on a federal grant or have made satisfactory arrangements for repayment.
4. Will notify your school if you default on a federal student loan.
5. Will not receive a Federal Pell Grant for more than one school during the same period of time.

If you are the parent or the student, by signing this signature page and submitting it to the LMC Financial Aid Office, you agree if asked:

1. To provide information that will verify the accuracy of completed form.
2. To provide IRS income tax transcripts that you filed or are required to file.

You also certify that you understand that the U.S. Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service (IRS) and other federal agencies.

If you sign this application or any document related to the federal student aid programs electronically using a FSA ID and password, you certify that you are the person identified by the FSA ID and password and have not disclosed that FSA ID and password to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

THE STUDENT AND ONE PARENT WHOSE INFORMATION IS PROVIDED IN THE PARENTS' SECTION, IF PARENT INFORMATION IS GIVEN, MUST SIGN BELOW.

Student Name (*print*): _____

Student Signature: _____ **Date:** _____

Parent Name (*print*): _____

Parent Signature: _____ **Date:** _____