

FAFSA Certification

Last Name: _____

First Name: _____

Last Four Digits of SSN: _____

EMPL ID: _____

Please read, sign, and date.

If you are the student, 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 college if you default on a federal student loan, and
- (5) Will not receive a Federal Pell Grant from more than one college for the same period of time.

If you are the parent or the student, by signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand **that the Secretary of Education has the authority to verify information reported on the FAFSA application with the Internal Revenue Service and other federal agencies.** If you sign any document related to the federal student aid programs electronically using a Federal Student Aid ID (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 up to \$20,000, sent to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Office Use Only:

Accepted by: FAA Name: _____

Date: _____

FAA Signature: _____