

Parent's Signature (Dependent Student)

## 2020-2021 FAFSA Signature

A. Student Information			
Last Name	First Name	M.I.	Student ID # (DO NOT INCLUDE SSN)
Home Phone Num	ber (include area co	de)	Date of Birth
B. Student Sig	gnature		
state student (2) are not in repay it, (3) do arrangements	financial aid or default on a feo o not owe mon s to repay it, (4)	lly to pay the cos deral student loa ey back on a fed will notify your	ion you certify that you (1) will use federal and/or t of attending an institution of higher education, n or have made satisfactory arrangements to eral student grant or have made satisfactory school if you default on a federal student loan, and more than one school for the same period of time.
C. Parental Sig	gnature		
information the your U.S. or standard to see the person the person to th	hat will verify that will verify the tax sthe authority ice and other Frograms electronides.	ne accuracy of your forms. Also, you concern the conce	g this application you agree if asked, to provide our completed form. This information may include a certify that you understand that the Secretary of tion reported on this application with the Internal If you sign any document related to the federal ederal Student Aid ID (FSA ID), you certify that you are not disclosed that FSA ID to anyone else. If ation, you may be fined \$20,000, sent to prison, or
D. Certificatio	on and Signatui	re	
clarification pert the information	aining to my situa reported to qualif	tion stated above. B y for federal student	d I may be asked to provide additional documentation or y signing this form I certify under penalty of perjury, that all assistance is complete and accurate. If I give false or ed, be sentenced to jail, or both.
Student's Signatur	re		Date

Date