



2009-2010 Academic Year

PARENT/STUDENT SIGNATURE PAGE

ID #

This signature page will be attached to your FAFSA or Student Aid Report and authorizes the Financial Aid Office to process and/or correct any incorrect information (as per documentation submitted / verified by undersigned).

Name: _____ Social Security: Number _____ - _____ - _____

READ, SIGN, and DATE

If you are the student, by signing this signature page you will 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 any 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 student loan.

If you are the parent or the student, by signing this signature page you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include copies of 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 the FAFSA 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 the FAFSA should sign below. The student (and at least one parent, if parent information is given) **MUST** sign below.

STUDENT: _____ DATE: _____

PARENT: _____ DATE: _____

Parent's Marital Status _____ Date _____ State of Res. _____ Date of NYS Residency _____

Dad's/Stepdad's SSN _____ Last Name _____ 1st Init _____

Mom's/Stepmom's SSN _____ Last Name _____ 1st Init _____

Dad's/Stepdad's DOB _____ Mom's/Stepmom's DOB _____

