17-18 Free Application for Federal Student Aid (FAFSA) Signature Page

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, (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 application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include federal or state 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 this application with the IRS and other federal agencies. If you sign any document related to the federal student programs electronically using a FSA user ID, you certify that you are the person identified by the ID and have not disclosed that ID or password to anyone else. 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 complete the information below. The student (and at least one parent, if parent information is given) MUST complete the information below.

Print Student Name			SSN	Date of Birth
Student's marital status: S	ingle Marı	ried/Remarried	Separated	Divorced/Widowed
Date marital status became	effective:			
		For DEPEN	IDENT students	s only:
PARENT'S SIGNATURE FOR	17-18 FAFSA	:		
PARENT'S SIGNATURE FOR	17-18 FAFSA	:		
PARENT'S SIGNATURE FOR Father/Stepfather – Print Na		:	SSN	Date of Birth
	ame	:		
Father/Stepfather – Print Na	ame	: Married	SSN	Date of Birth