

2018-2019 Institutional Student Information Record

Student ID: _____

Student Name: _____

EFC: _____

READ, SIGN AND DATE BELOW:

By signing below, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or State income tax form. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both. You certify that you:

- Will use any federal and/or state student aide funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds;
- Are not in default on a Title IV educational loan, or have repaid or made satisfactory arrangements to repay your loan if you are in default;
- Do not owe an overpayment on a Title IV educational grant, or have made satisfactory arrangements to repay that overpayment;
- Will notify your school if you owe an overpayment or are in default;
- Will not receive a Federal Pell Grant from more than one school for the same period of time; and
- The parent and the student understand that the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service and other federal agencies.

THE STUDENT AND ONE PARENT WHOSE INFORMATION IS GIVEN ON THE FAFSA MUST SIGN BELOW.

STUDENT: _____

PARENT: _____

DATE SIGNED: _____