2016-2017 FAFSA Signature Page

Student Name__________________________________________________________

Student’s Social Security Number or BRCC ID#____________________________

Student’s Date of Birth________________________________________________

READ, SIGN, AND DATE

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 school if you default on a
federal student loan, and (5) will not receive a Federal Pell Grant for more than one
school 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 your U.S. or state income tax forms. Also, you certify that you
understand the Secretary of Education has the authority to verify information reported on
this application 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 this form should sign below. The
student (and at least one parent, if parent information is given) MUST sign below.

____________________________________   ________________________
Student Signature  Date

____________________________________   ________________________
Parent Signature (for dependent students only)  Date