

2009-2010 SAR Signature Request



Name _____

Address _____

City, State, Zip _____

Phone # _____

E-mail Address _____

ID# _____

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, and (4) will notify your school if you default on a Federal student loan.

By signing this application you agree, if asked, to provide information that will verify the accuracy of your application. This information may include your US or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Services 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 included on the application) MUST sign below.

Section A

Student Signature _____ Date _____

Print Student Name _____

Section B (Dependent students complete Sections A & B)

Parent Signature _____ Date _____

Print Parent Name _____

For Office Use Only:	<input type="radio"/> Add School Code 009225	DRN# _____	Trans# _____
Comments: _____			
Financial Aid Representative _____ Date: _____			

For Office Use Only:	CRI Code: FAC09SIG	Date Entered: _____	Initials: _____	Date Scanned: _____	Initials: _____
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