

2011-2012 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 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 U.S. or state income 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 Internal Revenue Service and other federal agencies.** If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else. If you purposely give false or misleading information, you may be fined up to \$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: FAC11SIG	Date Entered: _____	Initials: _____	Date Scanned: _____	Initials: _____
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