

SIGN

Student Services Center 235 North National Ave. P.O Box 1940 Fond du Lac, WI 54936-1940 1-800-472-4554 financialaid@morainepark.edu Fax (920) 924-6392

FAFSA Signature Page
Fill out Completely and Return to the Student Services Center

Name:	
Student ID: N	
READ, SIGN, AND DATE	
By signing this FAFSA signature page, YOU, THE	E STUDENT, certify that you:
education, 2. are not in default on a federal student loar 3. do not owe money back on a federal stude 4. will notify your school if you default on a federal	cial aid only to pay the cost of attending an institution of higher or have made satisfactory arrangements to repay it, ent grant or have made satisfactory arrangements to repay it, ederal student loan, and more than one school for the same period of time.
By signing this signature page, you certify that all best of your knowledge and you agree, if asked:	of the information you provided is true and complete to the
 to provide information that will verify the a to provide U.S. or state income tax forms 	
You also certify that you understand that the Secreported on your application with the Internal Rev	retary of Education has the authority to verify information venue Service and other federal agencies.
FSA username and password, and/or any other cusername and password, and/or any other creder	ed to the federal student aid programs electronically using a credential, you certify that you are the person identified by the ntial and have not disclosed that username and password, purposely give false or misleading information, you may be
Everyone whose information is given on the FAFS parent, if parent information is given) MUST sign	SA form should sign below. The student (and at least one below.
Student	Date:
Parent	Date: