

**2016-2017 SIGNS / SIGNP
FAFSA Signature Page
Verification Form**



Student Name: _____

Student ID#: A _____

Address: _____

Preferred Contact Phone #: _____

Date of Birth: ____/____/____

Instructions:

You [and / or your parent(s), if applicable] did not sign your 2016-2017 Free Application for Federal Student Aid (FAFSA) using your Federal Student Aid (FSA) ID. Please visit www.fafsa.gov and correct your 2016-2017 FAFSA by adding your signature(s).

Complete and submit this form to the Financial Aid Office ONLY if you [and / or your parent(s), if applicable] are unable to log in to www.fafsa.gov and sign your 2016-2017 FAFSA. Please note that only original "wet" signatures will be accepted on this form.

Section I: Authorization & Certification

I / we hereby authorize the Financial Aid Office at Gulf Coast State College to correct my 2016-2017 FAFSA by adding the signature(s) below to my application.

If you are the student, by signing this document 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 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 document you certify that all of the information you provided is true and complete to the best of your knowledge and 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.**

I / we certify the understanding that purposely giving false or misleading information may be lead to fines up to \$20,000, prison sentences, or both.

Student's Signature: _____

Date: _____

Parent 1's Name: _____

Date of Birth: ____/____/____

Parent 1's Signature: _____

Date: _____

Parent 2's Name: _____

Date of Birth: ____/____/____

Parent 2's Signature: _____

Date: _____