Please complete in black ink.

Name: ___________________________ Student ID #: __________________________

If you are the student, by signing this form 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 grant or have made satisfactory arrangements to repay it, (4) will notify the Forsyth Technical Community College’s Office of Student Financial Services if you default on a federal student loan, and (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this form, you certify that all of the information provided on your FAFSA is true and complete to the best of your knowledge, and you agree, if asked, to provide information that will verify the accuracy of the completed form that you filed or are required to file. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined $20,000.00, sent to prison, or both.

All the information will be reviewed for accuracy, and conflicting information and/or inconsistent information will be corrected. By signing this statement, you agree to have your corrections sent electronically by Forsyth Technical Community College’s Office of Student Financial Services to the United States Department of Education.

Student Signature: ___________________________ Date: __________________________

Parent Signature: ___________________________ Date: __________________________

(Required for dependent students)