## **OFFICE OF FINANCIAL AID**



4525 Education Park Drive, Schnecksville, PA 18078 **P** 610.799.1133 | **F** 610.799.1798 **E** finaid@mymail.lccc.edu

Student ID \_\_\_\_\_

## 2023-2024 Institutional Student Information Record Page Required Signature(s) for the FAFSA Application

Instructions: 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 (2) are not in default on a federal student loan or have made satisfactory at (3) do not owe money back on a federal student grant or have made satisfactory will notify your school if you default on a federal student loan, and (5) will not receive a Federal Pell Grant from more than one college for the	arrangements to repay it, factory arrangements to repay it,
If you are the parent of the student, by signing this application you certify true and complete to the best of your knowledge and you agree, if asked, accuracy of your completed form. Also, you certify that you understand to authority to verify information reported on this application with the Interagencies. If you sign any document related to the federal student aid prog ID (FSA ID), you certify that you are the person identified by the FSA ID and else. If you purposely give false or misleading information, you may be fine Everyone whose information is given on the FAFSA form should sign below.	to provide information that will verify the that the Secretary of Education has the ernal Revenue Service and other federal grams electronically using a Federal Student Aid dhave not disclosed that FSA ID to anyone ed \$20,000, sent to prison, or both.
parent information is given) MUST sign below.	ow. The student (and at least one parent, ii
Student Signature	Date:
Print Student Name	<u>-</u>
Parent Signature	Date:
Print Parent Name	
3. Return this form in person or by mail ONLY (NOT FAX OR EMAIL) to the	e Office of Financial Aid.

OFFICE USE: RRAAREQ Code - SIGN or SIGNP