



Herkimer

THE STATE UNIVERSITY OF NEW YORK

2023-2024 FAFSA Signature Page Form

Student Name: _____ (please print)

Student ID: H_____

If you are the *student*, by signing this application you certify that you:

- will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education
- are not in default on a federal student loan or have made satisfactory arrangements to repay it
- do not owe money back on a federal student grant or have made satisfactory arrangements to repay it
- will notify your school if you default on a federal student loan
- will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are the *parent or the student*, by signing this FAFSA Application Signature Form you certify that:

- All the information you provided is true and complete to the best of your knowledge
- You agree, if asked, to provide information that will verify the accuracy of your completed FAFSA form. This information may include U.S. or state income tax return forms that you filed or are required to file
- 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 electronically sign any document related to the federal student aid programs using an FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else.
- If you purposely give false or misleading information you may be fined \$20,000, sent to prison, or both.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please mail this form to:

Herkimer County Community College
Financial Aid Office
100 Reservoir Rd
Herkimer, NY 13350

***Mail or deliver in person (faxes or emails not accepted)**