



2020-2021 FAFSA SIGNATURE PAGE #5

Phone: (559) 325-5239 Fax: (559) 499-6063 Address: 10309 N. Willow Ave. Fresno, CA 93730 Email: clovis.financialaid@scccd.edu

Name: _____ Student ID: _____

Address: _____ SSN: _____

City/State/Zip: _____ Phone #: _____

IMPORTANT: We must receive original signatures. We cannot accept faxed copies

By signing below, you agree, if asked, to provide information that will verify the accuracy of your completed Free Application for Federal Student Aid (FAFSA.) This information may include a copy of your (and your parents, if you are a dependent student) U.S. tax transcript. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

The student certifies that he/she:

- will use any federal and/or state student aid funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds;
• is not in default on a Title IV educational loan, or has repaid or made satisfactory arrangements to repay his/her loan if he/she is in default;
• does not owe an overpayment on a Title IV educational grant, or he/she has made satisfactory arrangements to repay that overpayment;
• will notify his/her school if he/she does owe an overpayment or is in default; and
• the parent and the student understand the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service and other Federal agencies.

Student Signature _____ Date _____

If it was required, the parent whose information was provided on the FAFSA, must also sign below.

Parent Signature _____ Date _____

() Scanned () Indexed () Verified Initials: _____