Signature Certification Page – Free Application for Federal Student Aid (FAFSA)

You and/or your parent did not sign your application for student financial aid. If you and/or your parent complete this Signature Certification Page, East Stroudsburg University’s Financial Aid Office will make this correction for you. Please read the certification and sign below.

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include a copy of your federal income tax return. If you utilized the IRS Data Retrieval Tool (DRT), you certify that the U.S. income tax form that you filed with the IRS 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 income tax return form.

Also, you certify that:

• You will use federal 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;

• You are not in default on a federal educational loan, or have repaid or made satisfactory arrangements to repay the loan if you are in default;

• You do not owe an overpayment on a federal educational grant, or you have made satisfactory arrangements to repay that overpayment;

• You will notify your school if you do owe an overpayment or are in default; and

• You understand that the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service and other federal agencies.

• If you purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

Student’s Name (Please Print): __________________________________________________________

Student’s Signature: ____________________________________________________________________

Date: ___________________________

Student’s Social Security Number: ________________________________________________________

Student’s Date of Birth: _______________________________   Aid Year:  20____ - 20___

Student’s College ID#: ________________________________

*Dependent students for financial aid purposes must have at least one parent’s signature.

Parent’s Name (Please Print): _____________________________________________________________

Parent’s Signature: _____________________________________________________________________

Date: ___________________________

Please submit this form along with all requested documents at one time to the Financial Aid Office.