



FAFSA Signature Page 2020-2021

Name _____

Student/STAR ID or SSN: _____

Address _____

City, State, Zip _____

You submitted your Free Application for Federal Student Aid (FAFSA) to the Federal Processing Center without the appropriate signature(s). Please read the certification below, then sign (in blue or black ink), date and return this original form (not copied or faxed) to the Financial Aid Office.

By signing this application 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 student grant or have made satisfactory arrangements to repay it
4. 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 school for the same period of time

Student and Parents:

By signing this application you certify that all of the information you provided 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 completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that 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 sign any document related to the federal student aid programs electronically using a personal identification number (PIN), username and password, and/or any other credential, you certify that you are the person identified by that PIN, username and password, and/or other credential, and have not disclosed that PIN, username and password, and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Please use black ink to sign this form.

Student's Signature _____

Date _____

Parent's Name _____

Parent's Signature _____

Date _____

If parent information was required on the FAFSA

Return this **original form** (not copied, faxed, or emailed) by mail or in person to:

Faribault Campus
South Central College
Financial Aid Office
1225 Third Street SW
Faribault, MN 55021

OR

North Mankato Campus
South Central College
Financial Aid Office
1920 Lee Boulevard
North Mankato, MN 56003