



Financial Aid Office
1355 West Highway 10, Anoka, MN 55303
Phone: 763.576.4760
Fax: 763.576.4771

2008-2009 FAFSA Signature Page

Last Name: _____ First Name: _____ M.I.: _____ Student ID
or SSN: _____

You submitted your FAFSA or Renewal FAFSA to the processing center without the appropriate signatures. Please read the certification below then sign, date and return to the ATC Financial Aid Office so that we may continue to process your application for aid.

STUDENT: By signing this form, you agree, if asked, to provide information that will verify the accuracy of your completed application form. This information may include a copy of your U.S. or state income tax forms. Also, you certify that you (1) understand that the Secretary of Education has the authority to verify information reported on the application with the Internal Revenue Service and other federal agencies, (2) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (3) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (4) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and (5) will notify your school if you default on a federal student loan. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

PARENT: By signing this form, you agree, if asked, to provide information that will verify the accuracy of your completed application form. This information may include a copy of your U.S. or state income tax form. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the 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 Signature

Date

Parent's Signature

(If parent's information was required on the FAFSA)

Date