



FAFSA Signature Form

Student Name _____

CCID _____

By signing below, you certify that all the information you listed on the Free Application for Federal Student Aid (FAFSA) Application was true and complete to the best of your knowledge. If asked, you agree to give proof of the information, which may include a copy of your U.S. or state income tax form. If you purposely gave false or misleading information, you may be fined \$10,000, sent to prison, or both. You also certify that:

- You will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education;
- You are not in default on a federal student loan or have made satisfactory arrangement to repay it;
- You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it;
- You will notify Columbia College if you default on federal student loan; and
- You understand that the Secretary of Education has the authority to verify income reported on the application with the Internal Revenue Service.

Everyone whose information was given on your FAFSA should sign below. The student, spouse, at least one parent, (if applicable) **MUST** sign below.

Student _____

Date _____

Parent _____

Date _____