Mohawk Valley Community College
Office of Student Financial Aid
(315)792-5415 (voice) (315)731-5852 (fax)

Name _____

1213

SS # _____

DOB _____ **M#**___

FAFSA SIGNATURE PAGE

We received your Free Application for Federal Student Aid (FAFSA) and it was unsigned, either by student, parent, or both. Please read, sign, and date below. We will not be able to process your financial aid until we receive this completed form. If you have any questions please contact Financial Aid at Mohawk Valley Community College. If you are the student, by signing this form you certify that you (1) will use federal, state, and/or institutional 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, and (3) will notify Mohawk Valley Community College if you go into default. If you are the parent or the student, by signing this form you agree, **if asked**, to provide information that will verify the accuracy of your completed FAFSA. This information may include your U.S. income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on your FAFSA 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.
Everyone whose information is given on your FAFSA should sign below. The student (and at least one parent, if parent information is given) **MUST** sign below.

_____Date_____
Student's signature

_____Date_____
Parent's signature (if dependent)

**** ORIGINAL SIGNATURES REQUIRED ****

Mail or fax to:
Mohawk Valley Community College
Office of Student Financial Aid
1101 Sherman Drive Utica, NY 13501
(315) 731-5852