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

## **FAFSA SIGNATURE PAGE**

Name	1314
SS#	
DOB	M#
unsigned either by you the sidate below. We will not be a completed form. If you ha Mohawk Valley Community you certify that you (1) will u aid only to pay the cost of at in default on a federal stude repay it, and (3) will notify default. If you are the parer asked, to provide information maked, to provide information maked, to provide information maked that you understand verify information reported of other Federal agencies. If you may be fined \$20,000, sent to Everyone whose information	lication for Federal Student Aid (FAFSA) and it was student, your parent, or both. Please read, sign, and able to process your financial aid until we receive this we any questions please contact Financial Aid at College. If you are the student, by signing this form se federal, state, and/or institutional student financial stending an institution of higher education, (2) are not ent loan or have made satisfactory arrangements to Mohawk Valley Community College if you go into not or the student, by signing this form you agree, if you that will verify the accuracy of your completed any include your U.S. income tax forms. Also, you that the Secretary of Education has the authority to make your posely give false or misleading information, you so prison, or both.  In is given on your FAFSA should sign below. The rent, if parent information is given) MUST sign below.
	Date
Student's signature	
	Date

\*\* ORIGINAL SIGNATURES REQUIRED \*\*

Parent's signature (if dependent)

Mail form to:
Mohawk Valley Community College
Office of Student Financial Aid
1101 Sherman Drive Utica, NY 13501