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

Name	1011
SS#	
DOB	M#
	FAFSA SIGNATURE PAGE
unsigned. We will n form. If you (1) we the cost of federal st will notify parent or informatic informatic understar reported agencies. \$20,000, Everyone	ed your Free Application for Federal Student Aid (FAFSA) and it was either by student, parent, or both. Please read, sign, and date below. It be able to process your financial aid until we receive this completed by have any questions please contact Financial Aid at Mohawk Valley by College. If you are the student, by signing this form you certify that Ill use federal, state, and/or institutional student financial aid only to pay feattending an institution of higher education, (2) are not in default on a udent loan or have made satisfactory arrangements to repay it, and (3) Mohawk Valley Community College if you go into default. If you are the the student, by signing this form you agree, if asked, to provide in that will verify the accuracy of your completed FAFSA. This in may include your U.S. income tax forms. Also, you certify that you default the Secretary of Education has the authority to verify information on your FAFSA with the Internal Revenue Service and other Federal If you purposely give false or misleading information, you may be fined sent to prison, or both.  Whose information is given on your FAFSA should sign below. The nd at least one parent, if parent information is given) MUST sign below.
	Date
student's	signature
	Date
parent's	signature (if dependent)

**DO NOT FAX** 

\*\* ORIGINAL SIGNATURES REQUIRED \*\*

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