



# 2019-2020 Student/Parent Signature Form

Office of Financial Aid  
1300 S Country Club Road - El Reno, OK 73036  
405-422-6250 – Fax: 405-422-1463

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**PLEASE DO NOT FAX THIS FORM. WE MUST RECEIVE AN ORIGINAL SIGNATURE FOR FAFSA CERTIFICATION.**

**Student Name:** \_\_\_\_\_ **SSN/ID:** \_\_\_\_\_

The Financial Aid Office at Redlands Community College cannot process your Free Application for Federal Student Aid (FAFSA) without the appropriate signature(s). Please read the certification below and provide signature(s) at the bottom.

## **CERTIFICATION**

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**If you are the student**, by signing this form you certify that you (1) will use federal and/or state 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, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

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 application. This information may include U.S. or State income tax forms that you filed or are required to file. Also, you certify that you understand that the **Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other Federal Agencies**. If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\* Only if parental information is required on the FAFSA.**