

2024-2025 Student/Parent Signature Form

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

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

Student Name: ______ SSN/ID: _____

	ommunity College cannot process your Free without the appropriate signature(s). Please read at the bottom.
CERTIFICATION	
state student financial aid only to pay the cost (2) are not in default on a federal student loan (ait, (3) do not owe money back on a federal student to repay it, (4) will notify your college if you dereceive a Federal Pell Grant from more than or affigure as the parent or the student, by significant from that will verify the accuracy of information may include U.S. or State income Also, you certify that you understand that the verify information reported on this applicant of the Federal Agencies. If you sign any documelectronically using a Personal Identification N	ning this form you agree, if asked, to provide of your completed FAFSA application. This e tax forms that you filed or are required to file. Secretary of Education has the authority to ation with the Internal Revenue Service and ment related to the federal student aid programs fumber (PIN), you certify that you are the person that PIN to anyone else. If you purposely give
Student Signature	Date
*Parent Signature	Date
* Only if parental information is required on the FAFSA.	