

# *Institutional Signature Page*

## **READ, SIGN AND DATE BELOW**

By signing below you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax transcript. If you purposely give false or misleading information, you may be fined \$20,000.00, sent to prison, or both. If you sign any document related to the federal student aid programs electronically using a personal identification number (PIN), username and password, and or other credential and have not disclosed that PIN, username and password, and/or other credential to anyone else.

You certify that:

- You will use any federal and/or state student financial aid funds only to pay the cost of attending an institution of higher education expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds.
- You are not in default on a federal student loan or have made satisfactory arrangements to repay your loan if you are in default.
- You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.
- You will notify your school if you do owe an overpayment or are in default.
- You will not receive a Federal Pell Grant from more than one college for the same period of time.
- You understand that the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service and other Federal Agencies.

**The student and at least one parent must sign if parent information is used on the application.**

If you are the parent or the student, by signing this form you certify that all the information you provided is true and complete to the best of your knowledge and you agree to if asked to provide information that will verify the accuracy of your completed form.

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

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

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PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. Initial \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Badger/Student ID# \_\_\_\_\_