

**FORM SIGNPG - IDAHO STATE UNIVERSITY
SIGNATURE PAGE**

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For a FAFSA form to be considered complete, all contributors must provide their information, consent and approval, and signature on the FAFSA. Your FAFSA is currently considered incomplete because it is missing one or more signatures. Please return this completed form to:

**Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077**
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

**University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704**

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#)) *Required

Student Date of Birth: _____ (format: mm/dd/yyyy)

PLEASE READ AND SIGN:

I consent and certify under penalty of perjury under the laws of the United States of America, that the information I provide on the FAFSA form is true and correct. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that the knowing and willful request for or acquisition of records pertaining to an individual under false pretenses is a criminal offense under the Privacy Act of 1974, subject to a fine of not more than \$5,000 fine (5 U.S.C. § 552(a)(i)(3)). By accepting and submitting my part of the FAFSA, my execution date of consent and approval will be logged in the U.S. Department of Education's Person Authentication Service (PAS) System of Record (18-11-12). If you sign this application, you certify that you are the person identified. If you purposefully give false or misleading information, including applying as an independent student without meeting the unusual circumstances required to qualify for such a status, you may be subject to criminal penalties under 20 U.S.C. 1097, which may include a fine up to \$20,000, imprisonment, or both.

Student

By signing this application, YOU, THE STUDENT, certify that you:

- will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- will notify your school if you default on a federal student loan, and
- will not receive a Federal Pell Grant from more than one school for the same period of time.

Student, Student Spouse, Parent, Parent Spouse or Partner, Preparer

By signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide:

- information that will verify the accuracy of your completed form, and
- U.S. or foreign income tax forms that you filed or are required to file. You also certify that you understand that the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies.

Student Signature: _____

Date: _____

Student Spouse Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Parent Spouse Signature: _____

Date: _____

Typed signatures not accepted