



**SIGNATURE FORM
2016-2017**

**Financial Aid Office/Enrollment Services
452 South Anderson Road, Rock Hill, South Carolina 29730
Phone (803) 327-8008 Fax (803) 981-7278**

Name of Student: _____ ID: _____

Phone Number (include area code): _____

By signing, you agree, if asked, to provide information that will verify the accuracy of your completed Free Application for Federal Student Aid (FAFSA) form. This information may include a copy of your U.S. or state income tax form. Also, you certify that you (1) will use federal 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 school if you default on a federal student loan. 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: _____
(Signature of parent whose information is provided in Step 4 of the 2016-2017 FAFSA.)