

**2022-2023 FAFSA Signature Page**

We received your Free Application for Federal Student Aid (FAFSA) and it was unsigned, either by the student, parent, or both. Please read, sign and date below. We will not be able to process your financial aid until we receive this completed form, and your FAFSA is updated and considered complete.

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 federal student loans or have made satisfactory arrangements to repay it, and (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify La Salle University 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 of the student, by signing this form 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 FAFSA. This information may include your U.S. 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 your FAFSA with the Internal Revenue Service and other federal agencies. If you purposely, give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on your FAFSA should sign below. The student (and at least one parent, if parent information is given) **MUST sign below.**

Print Student Name: \_\_\_\_\_ La Salle Student ID#: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Last 4 #'s of SSN: \_\_\_\_\_

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

Print Parent's Name: \_\_\_\_\_

Parent Date of Birth: \_\_\_\_\_ Last 4 #'s of Parent's SSN: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please **return this form with original signatures in PERSON or MAIL to:**

Financial Aid Office, La Salle University, 1900 West Olney Avenue, Philadelphia, PA 19141

Original Signatures Required, no copy-**DO NOT** fax or scan/upload/email