



Financial Aid Office

Contact Us:
P: (972)881-5760
Financialaid@collin.edu

2023 – 2024 SIGNATURE SHEET

Student Information

Name: _____ CWID: _____

READ, SIGN AND DATE BELOW

By signing below, you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA form. This information may include a copy of your U.S income tax transcript. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both. The student certifies that he/she:

- Will use any federal and/or state student aid funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds;
• Is not in default on a Title IV educational loan, or has repaid or made satisfactory arrangements to repay his/her loan if he/she is in default;
• Does not owe an overpayment on a Title IV educational grant, or he/she has made satisfactory arrangement to repay that overpayment;
• Will notify his/her school if he/she does owe an overpayment or is in default;
• Will not receive a Federal Pell Grant for more than one school for the same time period; and
• The parent and the student 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.

EVERYONE WHOSE INFORMATION IS GIVEN ON THE FAFSA SHOULD SIGN BELOW. THE STUDENT AND ONE PARENT WHOSE INFORMATION IS PROVIDED ON THE FAFSA, IF PARENT INFORMATION IS GIVEN, MUST SIGN BELOW.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Office use only:
Aid Year: _____ Campus: _____ Date: _____ RRAAREQ Code: SSIGN/PSIGN Status Code: _____ Initials: _____