Office of Financial Aid
INSTITUTIONAL STUDENT INFORMATION RECORD
SIGNATURE PAGE

GRAYSON COLLEGE

Student Name:	**Student SS/ID:**
Student Address:	**Student Date of Birth:**
City, State, Zip:	**Student email:**
Student Phone:	**Student Alternate Phone:**

PLEASE READ, SIGN AND DATE THE FOLLOWING:

If you are the student, by signing this application you certify that you:

- Will use federal and/or state student 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 college if you default on a federal student loan.
- Will not receive a federal Pell Grant from more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state 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 this application with the Internal Revenue Service and other federal agencies.

 If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else.

If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

Print Student Name:	Signature:	Date:
Print Parent Name:	Signature:	Date.