Department of Education Signature Page
2016-2017 Institutional Student Information Record

_____	_____	_____
Student Last Name	Student First Name	M I

_____	_____
Student SSN	VSU Banner Id#

Please read, sign and date the information below.

If you are the student, by signing this application 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 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, and (4) will notify your school if you default on a federal student loan.

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 your U.S. or state income tax forms. 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 purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

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

Student: _____ Date: _____

Parent: _____ Date: _____

Please Return Form To:

Office of Student Financial Aid
P.O. Box 9031
Petersburg, VA 23806
Fax : (804) 524-6818