



**Signature Page
2019-2020**

Financial Aid Office
Phone: (208) 524-3000
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Fax: (208) 525-7026
financial.aid@cei.edu
1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

You and/ or your parent can sign this certification because you or a parent did not sign the Free Application For Federal Student Aid (FAFSA). If you were required to provide your parent(s)' financial information, at least one parent MUST sign this from. You must complete and return this form or you will not be considered for federal financial aid.

Please Read and Sign **Student Date of Birth:** _____ (mm/dd/yyyy)

You the student, by signing this form are certifying to the following:

1. You will use Federal and/or State student financial aid only to pay the cost of attending an institution of higher education.
2. You are not in default on a federal student loan or have made satisfactory arrangements to repay it.
3. You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.
4. You will notify your college if you default on a federal student loan.
5. You will not receive a Federal Pell grant for more than one college for the same period of time.

You the student and /or the parent, by signing this form you agree, if asked, to provide information that will verify the accuracy of your completed application. This information may include your U.S. or State income tax forms that you filed or are required to file.

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 the FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

THIS FORM CANNOT BE FAXED. ORIGINAL IS REQUIRED

Certifications and Signatures
 Each person signing this form certifies that all of the information reported is complete and correct. The student and one parent (if dependent student) whose information was reported on the FAFSA must sign and date this form.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
 (If applicable-dependent students)

Office Use Only	Financial Aid Office: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Processed By: _____	Date: _____