

EMMANUEL COLLEGE

A LEGACY OF CHRISTIAN LEADERSHIP

2007-2008 FAFSA SIGNATURE PAGE

Please return to the Office of Financial Aid

PO Box 129 • Franklin Springs, GA 30639

Phone: 706-245-7226 or 800-860-8800

Fax: 706-245-2846

GENERAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ - _____ - _____

READ, SIGN, AND DATE

By signing below, you certify that all the information you listed on the 2007-2008 Free Application for Federal Student Aid (FAFSA) was true and complete to the best of your knowledge.

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 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, (4) will notify your school if you default on a federal student loan, and (5) will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are the parent or the student, by signing this form 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 \$20,000, sent to prison, or both.

The student (and at least one parent, if parent information was provided) **MUST** sign below.

Student: _____ Date: _____ / _____ / _____
Month Day Year

Parent: _____ Date: _____ / _____ / _____
Month Day Year