



Financial Aid Office  
360 Choate Avenue  
Buffalo, NY 14220  
716.826.1200

## Student Information

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

## Signatures

If you are the student, by signing this application you certify that (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, (4) will notify your college if you default on a federal student loan, and (5) will not receive a federal Pell Grant from more than one college for the same period of time.

If you are the parent of 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 the application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal aid programs electronically using a federal student aid ID (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 \$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 Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_