



Kean University
Office of Financial Aid
1000 Morris Avenue
Union, NJ 07083

2016-2017 Institutional Student Information Record
Signature Page

Student Name: _____ Kean ID #: _____

Please read, sign, and date: 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,
(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 or the student, by signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and 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 your FSA username and password, you certify that you are the person identified by that FSA username and password and that you have not disclosed that FSA username and password 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 is given) **MUST** sign below.

Student: _____ Date: _____
(Student signature)

Parent: _____ Date: _____
(Parent signature)