

Student Financial Aid Office 11400 Robinwood Drive Hagerstown, MD 21742 finaid@hagerstowncc.edu FAX: 301-791-9165

## 2018-2019 FAFSA Signature Form

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Last Name	First Name	MI
HCC ID Number		
PLEASE REA	AD before you SIGN and DATE	E this form.
If you are the student, by signing this student financial aid only to pay the default on a federal student loan or money back on a federal student grandify your college if you default on a from more than one college for the state.	cost of attending an institution of have made satisfactory arranger ant or have made satisfactory are a federal student loan and (5) wil	f higher education, (2) are not in ments to repay it, (3) do not owe rangements to repay it, (4) will
If you are the parent or the student, information you provided is true and asked, to provide information that w information may include U.S. or stat	complete to the best of your know ill verify the accuracy of your cor	owledge and you agree, if mpleted form. This
Also, you certify that you understand verify information reported on this other federal agencies. If you elect aid programs using an FSA ID (user certify that you are the person identiced credential, and have not disclosed the anyone else. If you purposely give fa \$20,000, sent to prison, or both.	s application with the Internal tronically sign any document relationame and password) and/or any fied by that username and password username and password and	Revenue Service and ated to the federal student of other credential, you word and/or other addressed of the credential to
Student Signature:	Date	
Parent Signature:	Date	

18CSIGS 11/17/2017