St. John’s University
Office of Student Financial Services
Signature Acknowledgment Form 2018-2019

Student Name: _______________________________  ID Number X _______________________________

Contact Number: ____________________________  Alternate/Cell Number: ____________________

Please return this form to our Processing Center: St. John’s University
P.O. Box 548
Randolph, MA 02368-0548

ACADEMIC YEAR: 2018-2019

Your Free Application for Federal Student Aid (FAFSA), was not officially processed by the Federal Government due to missing signatures. Please read and sign the bottom of this form. If you were required to report parental information on the Financial Aid Form, at least one parent must sign below.

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 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 certification of the application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms. 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 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.

CERTIFICATION: I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize financial aid eligibility and subject me (us) to federal penalties.

Student Signature _______________________________  Date ____________________________

Parent Signature _______________________________  Date ____________________________

Please note: A Dependent Student must have at least one parent whose information was reported on the FAFSA sign this form.

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