

**2023 - 2024**

## **FAFSA SIGNATURE FORM**

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

**Student ID #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

As 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 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.

As the parent or the student, by signing this form you certify that all information you provided on your 2023-2024 FAFSA 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 FAFSA. This information may include, but is not limited to, U.S. 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 your FAFSA with the Internal Revenue Service and other federal agencies. If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by that username and password and/or other credential, and you have not disclosed that username and password and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

You also authorize the Financial Aid Office of the University of Science and Arts of Oklahoma to make any necessary changes electronically to your FAFSA in compliance with the Department of Education.

**Provide PHYSICAL signatures below. TYPED names are unacceptable.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature \*** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*A parent whose information is provided in step four of the FAFSA. This signature is required of dependent (as determined by the Department of Education) students only.**

**Return this form by electronic upload, mail, fax, or email to the Science & Arts Financial Aid Office as follows:**

**This document may be uploaded at [usao.edu/myfinaid](https://usao.edu/myfinaid).**

**University of Science and Arts of Oklahoma  
Financial Aid Office, Troutt Hall Room 112  
1727 W Alabama Ave  
Chickasha OK 73018**

**Phone (405) 574-1240**

**Fax (405) 574-1220**

**Email [financialaid@usao.edu](mailto:financialaid@usao.edu)**

**[usao.edu/financial-aid](https://usao.edu/financial-aid)**