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**2019-20 FAFSA SIGNATURE PAGE**

**Dependent Student**

\_\_\_\_\_  
Student Name (print)

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

\_\_\_\_\_  
Parent Name (print)

By signing this application, you hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of your knowledge. You understand that the Financial Aid Office at MCAD will correct the FAFSA application, as necessary, based on the information submitted. You agree that you understand that if you received federal student aid based on incorrect information, you will need to repay it. You may also be required to pay fines and fees. By signing below, 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 purposely give false or misleading information, you may be fined, sent to prison, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

<p><b>Return Form to:</b> MCAD Financial Aid Office 2501 Stevens Avenue Minneapolis, MN 55404  Fax: 612-874-3701</p>
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