

Student Name: _____

Student ID Number: _____

C. Certification and Signatures

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

Each person signing this document certifies that all of the information reported on it is complete and correct. **The student and one parent must sign and date.**

Student's Signature

Date

Parent's Signature

Date

***Do not mail this document to the U.S. Department of Education.
Submit this document to the financial aid administrator at your school.***

You should make a copy of this document for your records.

Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360

Completed form may be faxed to 910.618.5686 or emailed to finaid@robeson.edu