



Financial Aid Office

FAFSA Institutional Record (Signature Page)

Student Name: _____ Student ID or SSN: _____

If you are the student, 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 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, and (4) will notify your school if you default on a federal student loan.

If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your US of state income tax forms. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this application with the Internal Revenue Service and other Federal agencies. If you purposely give false or misleading information, you may be fined \$20,000.00, sent to prison or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

Student _____ Date _____

Parent _____ 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