

2011-2012
INSTITUTIONAL STUDENT INFORMATION RECORD
SIGNATURE REQUEST

PRINT NAME _____
PRINT ADDRESS _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____

READ, SIGN, AND DATE:

By signing below, you certify that all the information on this form is true and complete to the best of your knowledge. If asked, you agree to give proof of the information, which may include a copy of your federal and/or state income tax forms. If you purposely give false or misleading information, you may be fined \$10,000, sent to prison, or both. You also certify that:

- You will use any federal student financial aid funds received during the award year covered by this application, solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds.
- You are not in default on a Title IV educational loan, or you have repaid or made satisfactory arrangements to repay your loan if you are in default;
- You will notify your school if you do owe an overpayment or are in default.

Signatures are required from everyone who provided information on the FAFSA document. The student (and at least one parent, if parent information is required) **MUST** sign below.

Student Signature _____ Date _____
Parent Signature _____ Date _____

Return this form to

Indiana Institute of Technology
Office of Scholarships and Financial Aid
1600 E. Washington Blvd.
Fort Wayne, IN 46803
FAX: 260-422-1578