

Financial Aid | finaid@nwtc.edu
 2740 W Mason Street
 Green Bay WI 54307-9042
 Phone: 920-498-5444 • Fax: 920-491-2619

First Name _____

Last Name _____

Student ID: _____

2020-21 Signature Request

We have completed the initial review of your 2020-21 Free Application for Federal Student Aid (FAFSA). According to the results of your FAFSA application, the U.S. Department of Education indicated that you and/or your parent's signature(s) were not provided on your FAFSA application. In order to complete your FAFSA application, please submit the required signature(s).

Everyone whose information is required on the Free Application for Student Financial Aid must sign below. The student and at least one parent (if parent information is required) must sign below.

By signing this worksheet, a correction will be processed to the U.S. Department of Education and a new Student Aid Report will be processed. The Financial Aid Office will then be able to continue processing your file to determine your eligibility.

FAFSA Signature Requirements:

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 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 school if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are the parent and/or the student, by signing this form you agree, if asked, to provide information that will verify the accuracy of the completed FAFSA application. This information may include your U.S. tax forms. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on the FAFSA application with the Internal Revenue Service and other federal agencies.** If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student's Signature

Parent's Signature

 Student's Name (Please Print)

If student is dependent, parent's signature is required.

Student's Signature:

Parent's Signature:

DATE: _____

DATE: _____

Student's Social Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Student's Date of Birth:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ORIGINAL FORM MUST BE MAILED OR DROPPED OFF