



**Signature Page
2023-2024**

Financial Aid Office
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Phone Number

You and/ or your parent can sign this certification because you or a parent did not sign the Free Application For Federal Student Aid (FAFSA). If you were required to provide your parent(s)' financial information, at least one parent MUST sign this from. You must complete and return this form or you will not be considered for federal financial aid.

Student Date of Birth: _____ (mm/dd/yyyy) **Social Security Number:** _____

Please Read and Sign

You, the student, by signing this form are certifying to the following:

1. You will use Federal and/or State student financial aid only to pay the cost of attending an institution of higher education.
2. You are not in default on a federal student loan or have made satisfactory arrangements to repay it.
3. You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.
4. You will notify your college if you default on a federal student loan.
5. You will not receive a Federal Pell grant for more than one college for the same period of time.

You, the student and /or the parent, by signing this form agree, if asked, to provide information that will verify the accuracy of your completed application. This information may include your U.S. or State income tax forms that you filed or are required to file.

You certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using the FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

THIS FORM CANNOT BE FAXED. ORIGINAL IS REQUIRED WITH SIGNATURE

Certifications and Signatures

Each person signing this form certifies that all of the information reported is complete and correct. The student and one parent (if dependent student) whose information was reported on the FAFSA must sign and date this form.

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____
(If applicable-dependent students)

Financial Aid Office Use Only	Received By :	Date Received:	Documentation Received <input type="checkbox"/>
CPS Correction <input type="checkbox"/>	Date:	ISIR Received <input type="checkbox"/>	Reject Cleared <input type="checkbox"/>
Processed By:			
Comments:			