



**Financial Aid Office**  
 2121 Euclid Avenue, Cleveland, OH 44115  
 Phone: (216) 687-5411 Fax: (216) 687-9247  
 For in-person inquiries, please visit Campus411 All-in-1, MC 116  
 www.csuohio.edu/financial-aid

## 2018-2019 FAFSA Signature Page

_____	_____	_____
Last Name	First Name	CSU ID #
_____	(____)_____	(____)_____
Email Address	Phone Number (Home)	Phone Number (Cell)

**According to information Cleveland State University received from the U.S. Department of Education, your 2018-2019 Free Application for Federal Student Aid (FAFSA) is missing one or more signatures. To correct this you may either: 1. sign your FAFSA electronically (www.fafsa.ed.gov) using your FSA ID, or 2. sign, date and return this form to us. Dependent students are required to have at least one parent whose information is provided in the parents' section of the FAFSA sign the FAFSA. Your parent may either: 1. sign your FAFSA electronically (www.fafsa.ed.gov) using their FSA ID, or 2. sign, date and return this form to us.**

By signing this application and providing it to us, you agree if asked:

1. to provide information that will verify the accuracy of your completed form and
2. provide a 2016 IRS Tax Return Transcript that you filed or were required to file

You also certify that you understand that the U.S. Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies.

If you sign this application or any document related to the federal student aid programs electronically using a 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 \$20,000, sent to prison or both.

Student's Printed Name \_\_\_\_\_ Student's Signature \_\_\_\_\_  
 Date Signed \_\_\_\_\_

**If you are a Dependent Student, one of the parents listed on your FAFSA must provide their information here.**

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
 Date Signed \_\_\_\_\_

**To be completed only if someone other than you, your parents, or spouse provided the answers to the FAFSA**

**Preparer's information**

Note: **"Preparer" does NOT mean you, the student, or your parent or your spouse.** A "Preparer" is another person who filled in the answers for you, or who told you what to fill in on the FAFSA application. That person must provide his/her Social Security Number or Employer Identification Number on the application.

Preparers Certification: All of the information on this form is true and complete to the best of my knowledge.

Preparer's Printed Name \_\_\_\_\_ Preparer's Signature \_\_\_\_\_  
 Date Signed \_\_\_\_\_