

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 http://www.csuohio.edu/financial-aid/financial-aid

| Student's Last N | ame | First Name | CSU ID # | |
|---|--|---|---|----------------------------------|
| | | _ () | () | _ |
| Email Address | | Phone Number (Home) | Phone Number (Cell) | |
| missing on your 2016-2017 least one parent whose info | Free Application formation is provided | r Federal Student Aid (FAFSA in the parents' section of the FA | Department of Education, a parend). Dependent students are required AFSA sign the FAFSA. Your parend and ID, or 2. sign, date and ref | red to have at nt may either: |
| 2. provide a 2015 | mation that will verify IRS Tax Return Transderstand that the U.S. | y the accuracy of your completed script that you filed or were requi- s. Secretary of Education has the | | ported on your |
| | y the FSA ID and hav | re not disclosed that FSA ID to an | ams electronically using a FSA ID, yone else. If you purposely give falso | |
| | Parent's Name | (Print) | | |
| | Parent's Signat | ure | | |
| | Date Signed | | | |
| | | | | |
| To be completed or | nly if someone other | than you, your parents, or spoi | use provided the answers to the FA | AFSA |
| Prenarer'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.

| P | reparers (| Certification: . | All of | the inf | ormation | ı on t | his t | form is | s true a | nd cor | nple | te to t | he l | best of | f my | knowle | edge. |
|---|------------|------------------|--------|---------|----------|--------|-------|---------|----------|--------|------|---------|------|---------|------|--------|-------|
| | | | | | | | | | | | | | | | | | |

| Preparer's Signature _ | | |
|------------------------|------|--|
| Date Signed | | |