

North Arkansas College

2023-2024 Institutional Student Information Record (ISIR) Signature Page

Financial Aid Office * 1515 Pioneer Drive * Harrison, AR 72601 * 870-391-3266 * Fax: 870-391-3340
financial-aid@northark.edu

Student Name: _____

Student ID or SSN: _____

READ, SIGN, and DATE

By signing and submitting this signature page, you (and parent if applicable) certify that all of the information you provided on the FAFSA is true and complete to the best of your knowledge. You also agree, if asked, to provide information that verifies the accuracy of your completed FAFSA. This information may include a copy of your U.S. or state income tax form(s). If you utilized the IRS Data Retrieval Tool (DRT), you certify that the U.S. income tax form that you filed with the IRS is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your income tax return form.

By signing the signature page, you also certify that you:

- Will use federal and/or state 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
- Are not in default on a federal educational loan, or have repaid or made satisfactory arrangements to repay the loan if you are in default
- Do not owe an overpayment on a federal educational grant, or you have made satisfactory arrangements to repay that overpayment
- Will notify your school if you do owe an overpayment or are in default
- Understand that the Secretary of Education has the authority to verify income reported on this application with the Internal Revenue Service and other federal agencies.

If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Parent signature is required if you had to provide parent information on your FAFSA.

Student: _____ Date: _____

Parent: _____ Date: _____