

I, the parent of (Insert Student Name) _____ certify that all the information reported on the special circumstance appeal is true and correct. I acknowledge that my information will be used to review and/or make changes to the FAFSA form.

Parent Signature _____

Date _____

*Disclaimer -I certify that the information provided in this appeal is true and complete to the best of my knowledge. If my situation changes, then I am responsible for notifying the Student Financial Services of any estimate changes. I also agree to provide additional proof of the information given if requested by Student Financial Services. I understand that if the information is incomplete or lacks the required documentation, no action will be taken. There is no guarantee that by submitting a Special Circumstance appeal additional aid will be received by the student. By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.