

**Office of Student Financial Services**  
**Dutchess Community College**  
**Orcutt Student Services Center/ Room 202**  
**Fax (845) 431-8603**  
**Email: [financialservices@sunydutchess.edu](mailto:financialservices@sunydutchess.edu)**

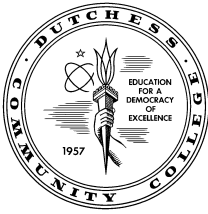
We have received a recent transmission of your Free Application for Federal Student Aid (FAFSA) from the Federal Processing Center for the 2023-2024 aid year. Your FAFSA was incomplete because it was missing one or more signatures. We are unable to process any federal aid until your FAFSA is signed.

To update your FAFSA with the needed signatures, please do one of the following:

- 1) Go to [www.studentaid.gov](http://www.studentaid.gov) > Apply for Aid > Complete the FAFSA Form and click on "Returning User" ~Follow their instructions to either sign the FAFSA with their Signature Page that you will mail to the U.S. Department of Education, or sign your FAFSA with your FSA ID.\* *\*For dependent students, both you and your parent must have FSA ID's. If you do not have one or can't remember it, go to <https://fsaid.ed.gov>*

**OR**

- 2) Read, sign, date, and mail the form below to our office. We will update your 2023-2024 FAFSA with your signature(s). Photocopies or faxes cannot be accepted because signature(s) must be original in INK.



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## 2023-2024 Institutional Student Information Record Signature Page

**Note: Due to Federal regulations we are required to have original signatures and therefore, we will not be able to accept faxed copies of the Signature Page**

Student's Name \_\_\_\_\_ DCC I.D.# A \_\_\_\_\_  
 (Please Print)

### PLEASE READ, SIGN AND DATE

If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan, and (5) will not receive a Pell Grant from more than one school for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided 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 completed form. This information may include your U.S. or state income tax forms you filed or are required to file. Also, you certify that you understand that **the Secretary of Education has the authority to verify the 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 a Federal Student I.D. Number (FSAID), you certify that you are the person identified by the FSAID and have not disclosed that FSAID to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student and at least one parent, (if parent information is given), **MUST** sign below.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)

Parent Name \_\_\_\_\_  
 (Please Print Full Name)