

**Bunker Hill Community College**  
**2018-2019**  
**FAFSA Signature Release Form**

Student Name: \_\_\_\_\_ BHCC ID: \_\_\_\_\_  
(please print)

## Free Application for Federal Student Aid (FAFSA)

By signing below, you certify that all information that was completed on the Free Application for Federal Student Aid (FAFSA) application is true and complete to the best of your knowledge.

By signing this form, you the student certify:

- You will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education;
- You are not in default on a federal student loan or have made satisfactory arrangements to repay it;
- You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it;
- You will notify your school if you default on a federal student loan.

If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on the FAFSA application with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 Name: *(Printed Name)* \_\_\_\_\_

Parent 1 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent 1 **SIGNATURE**: \_\_\_\_\_

Parent 2 Name: *(Printed Name)* \_\_\_\_\_

Parent 2 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent 2 **SIGNATURE**: \_\_\_\_\_

Mail to: Bunker Hill Community College  
Student Central  
250 New Rutherford Ave  
Boston, MA 02129