



Financial Aid Office  
921 Ribaut Road-PO BOX 1288  
Beaufort, S.C. 29901-1288  
Phone 843.470.5961  
fax 843.525.8285  
financialaid@tcl.edu

**2017-2018**  
**FAFSA Signature Page**  
**Institutional Student**  
**Information Record**

**Please read, understand, sign, date and return to the TCL Financial Aid Office.**

If you are the student, by signing this application you certify:

1. You will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education.
2. You are not in default on a federal student loan or have made satisfactory arrangements to repay it.
3. You do not owe money back on a federal student grant or have made satisfactory arrangements to repay it.
4. You will notify your college if you default on a federal student loan.
5. You will not receive a Federal Pell Grant from more than one college 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 U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify 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 FSA ID, you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both. (Please print)

**Student's Name** \_\_\_\_\_ **TCL Student ID** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Please Print)

**Parent's Name** \_\_\_\_\_ **ID#/SSN** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Technical College of the Lowcountry Financial Aid Office**  
P.O. Box 1288, Beaufort, SC 29901-1288  
Office 843-470-5961 FAX: 843-525-8285 [financialaid@tcl.edu](mailto:financialaid@tcl.edu)

Statement of Non-Discrimination: Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admission or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.

Form last revised: 02-27-2017

CRI: FAC17SGN