



# 2019-2020 Parent Signature and Certification Form

**Mail:** Financial Aid Office  
Eastern Wyoming College  
3200 West C Street  
Torrington, WY 82240

Your parent did not sign your 2019-2020 Free Application for Federal Student Aid (FAFSA). You may go back online to [fafsa.gov](http://fafsa.gov) and have your parent use (or create) his/her Federal Student ID (FSA ID) and password to sign your application electronically **OR** you may have your parent complete this form and submit the original, signed in ink, to the Financial Aid Office at EWC.

## STUDENT INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      EWC Student ID Number                                      Social Security Number (*last four digits*)

\_\_\_\_\_  
Mailing Address (*include apartment number*)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
City, ST, Zip

\_\_\_\_\_  
Phone Number (*include area code*)

## PARENT CERTIFICATION AND SIGNATURE

2019-2020 Institutional Student Information Record

### READ, SIGN AND DATE

By signing this Certification Form you, the PARENT, agree, if asked, to provide information that will verify the accuracy of your student's FAFSA. 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 the FAFSA 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 ID (FSA ID) and password, 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 \$20,000, sent to prison, or both.

The parent **MUST** sign **in ink** below.

PRINT **student** name: \_\_\_\_\_ Social Security # (*last four digits*): \_\_\_\_\_

PRINT **parent** name: \_\_\_\_\_ Social Security # (*last four digits*): \_\_\_\_\_

**PARENT** signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE DEPARTMENT OF EDUCATION REQUIRES ORIGINAL SIGNATURES ON THIS DOCUMENT.  
COPIES OR FAXES OF THIS DOCUMENT ARE NOT ACCEPTABLE.  
PLEASE MAIL ORIGINAL FORM TO EWC.**