2017-2018 Signature Form

This form cannot be faxed. Email scanned copy to:
financialaid@labette.edu or
Return this form to the address below.
Labette Community College
Financial Aid
200 South 14th · Parsons, KS 67357

Student's Name _____ Social Security Number or Student ID _____

Other Names Used (Including Maiden) _____ Student's Date of Birth _____

Permanent Mailing Address _____ City/State/ Zip _____ Permanent Phone Number _____

High School Graduation Date/GED Completion Date _____ Local Phone Number _____

Have you attended any other college/University? _____Yes _____No. If Yes, Please complete the table below. You must provide an official transcript for each institution.

College	Major or Degree	Degree Received	Dates From	Dates To	# of Credits Earned

CERTIFICATION STATEMENT

By signing below you certify that:

- If you withdraw from class or reduce your course load, you must notify the Financial Aid Office. You also understand that your aid may be REDUCED OR CANCELED and you may be responsible for repaying any federal funds which you received before withdrawing from courses.
- I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award letter. Withdraws or hours enrolled in at the time the award letter was written will not be considered to determine final aid disbursement.
- You understand and will use any federal funds received under the Title IV financial aid programs or Federal Student Loans this award year solely for expenses related to your attendance at Labette Community College.
- You understand to be eligible for and to receive Federal Student Aid, you must be in a degree-seeking program at Labette Community College and only coursework directly applicable to your declared major at LCC is eligible for Federal Student Aid.
- I have read and will comply with the information included in the LCC Student Rights and Responsibilities.

PAYMENT AUTHORIZATION

I hereby authorize Labette Community College to transfer funds from my financial aid award to pay for charges on my student account for my cost of education (i.e. tuition, fees, bookstore charges, or other authorized expenses).

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name _____ Student's ID Number _____

Student's Signature _____ Date _____