

## **2021–22 Signature Submission** Office of Financial Aid

Station 20 | 1500 S Ave K | Portales, NM 88130

Phone: 575.562.2194 | Fax: 575.562.2198 | financial.aid@enmu.edu

Student Information			
ENMU ID number:	SSN:	Phone:	
Student name: Last:	First:	1	Middle initial:
Mailing address:	City:	State:	ZIP:
Read, Sign and Date			
By signing below, you certify all the information on the FAFSA form is true and complete to the best of your knowledge. If asked, you agree to give proof of the information, which may include your federal or state income tax information. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison or both. You also certify that:			
<ul> <li>You will use any federal student financial aid funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds.</li> </ul>			
<ul> <li>You are not in default on a Title IV education your loan if you are in default.</li> </ul>	onal loan, or you have	repaid or made satisfact	tory arrangements to repay
<ul> <li>You do not owe an overpayment on a Title I that overpayment.</li> </ul>	IV educational grant,	or you have made satisfa	actory arrangement to repay
• You will notify your school if you do owe ar	n overpayment or are	in default.	
The student (and at least one parent/steppare	ent, if dependent stude	ent) must sign below.	
Student signature		Date	
Parent/Stepparent signature (Required if dependent)		Date	