Financial Aid Office • One Hop Shop • SUNY Canton • 34 Cornell Drive • Canton, NY 13617 Tel: (315) 386-7616 • Toll-Free: (800) 388-7123 ext. 7616 • Fax: (315) 386-7930 • email: finaid@canton.edu

Student Name:	ID:
SIGNATURE ADDENDUM TO ELECTRO	ONIC FILING OF AID APPLICATION
Aid Year:	
INSTRUCTIONS: One or more signatures were missing from Until all required signatures are on the FAFSA form we are unsubmit this form for processing to the One Hop Shop.	
If you are the student, by signing this application, you agree, if a of your completed form. This information may include a copy of that you	
1) will use federal student financial aid only to pay the cos	t of attending an institution of higher education,
2) are not in default on a federal student loan or have made	e satisfactory arrangements to repay it,
3) do not owe money back on a federal student grant or ha	ve made satisfactory arrangements to repay it,
4) will notify your school if you default on a federal studer	nt loan, and
5) will not receive a Federal Pell Grant from more than one	e college for the same period of time.
If you are the parent or the student, by signing this application y and complete to the best of your knowledge and you agree, if as of your complete form. This information may include U.S. or st Also, you certify that you understand that the Secretary of Edu on this application with the Internal Revenue Service and ot the federal student aid programs electronically using a person id and/or any other credential, you certify that you are the person is other credential, and have not disclosed that PIN, username and purposely give false or misleading information, you may be fine	ked, to provide information that will verify the accuracy tate income tax forms that you filed or are required to file. Ication has the authority to verify information reported ther federal agencies. If you sign any document related to lentification number (PIN), username and password, and/or password, and/or other credential to anyone else. If you
Student Signature	Date
Print Student Full Name:	
Print Student Date of Birth:	
	- Dec
Parent Signature (required for dependent students only)	Date
Print Parent Full Name:	
Print Parent Date of Birth:	