2016-2017 STUDENT CERTIFICATIONS OF INFORMATION/AUTHORIZATIONS

Statement of Selective Service Registration:
(Check correct response)

_____ I certify that I am registered with Selective Service.
_____ I certify that I am not required to be registered with Selective Service because:

____ I am a female.

____ I am in the armed services on active duty. (Note: does not apply to members of the Reserve and National Guard who are not on active duty)

____ I have not reached my 18th birthday.

____ I was born before 1960.

____ I am citizen of the Federated States of Micronesia, the Marshall Islands or the Republic of Palau.

Anti-Drug Abuse Act Certification

I certify that as a condition of my receiving any Federal or State financial aid, I will not engage in the possession or sale of illegal drugs during the periods of enrollment for which I receive Federal and State financial aid. I understand that if I am convicted of the possession or sale of illegal drugs during such a period of enrollment that I may lose eligibility for any Federal or State Student financial aid.

Statement of Educational Purpose/Certification Statement on Refunds and Default

I certify that (1) will use all monies received (Federal Title IV funds, state funds, institutional funds or other sources of assistance) only for expenses related to the cost of attending Austin College, (2) am not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify Austin College if I default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

Permission to Release Transcripts, Information

I hereby authorize Austin College to release my grade transcript and personal information regarding my interests/activities to selection committees for financial assistance during the time that I am attending this school and being considered for and/or receiving financial assistance. I understand that my calculated need figure may also be released only to these committees for the determination of an award. Further, I voluntarily agree to release my transcript or grades to be sent to donors of scholarship funds for the purpose of obtaining financial assistance on behalf of students.

I certify that the information contained in the application is true, correct and complete to the best of my knowledge.

__________________________________________________________________________ __________________________
Student’s Printed Name                                                   Date

__________________________________________________________________________
Student’s Signature


Mail this completed form to Austin College, Office of Financial Aid, 900 N. Grand Ave., Suite 61562, Sherman, TX 75090-4400
or fax to 903-813-3198
or email to finaid@austincollege.edu

Austin College admits qualified students without regard to sex, race, religion, national origin, age, handicap or disability. Access is provided for students with physical disabilities.