



**Northern
Marianas
College
Financial Aid Office**

2023 – 2024

**INSTITUTIONAL STUDENT INFORMATION RECORD (ISIR)
Signature Page**

PLEASE READ, SIGN, AND DATE:

If you are the student, by signing this application you certify that you:

1. Will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education.
2. Are 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 your college if you default on a federal student loan.
5. Will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the student or the parent, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge.

1. You agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms that you filed or are required to file.
2. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.
3. If you electronically sign any document related to the federal student aid programs electronically using your FSA ID (username and password) and/or any other credential, you certify that you are the person identified by that username and password, and/or other credential, and have not disclosed that username and password and/or any other credential, to anyone else.
4. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE FINED \$20,000, SENT TO PRISON, OR BOTH.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parental information is given), MUST sign below.

Student's Full Name: _____

Student's Social Security #: _____

Student's Signature: _____

Date: _____

Parent's Full Name: _____

Parent's Signature: _____

Date: _____

FOR FAO USE ONLY:

Transaction #: _____

FAO Staff Signature: _____

Date Received: _____

FAO Contact Information:
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670-237-6791-4
Building N-1-1