



## SIGNATURES

I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if my student receives federal, state, or institutional student aid based on incorrect information, their financial aid award(s) may change.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office of Financial Aid  
Flyer Student Services**  
300 College Park Dayton, Ohio 45469-1605  
TEL: 937-229-4141 FAX: 937-229-4338  
[fss@udayton.edu](mailto:fss@udayton.edu)