

My commission expires on \_\_\_\_\_  
(Date)

## 5. Student Signature

I understand that Cascadia College may request any documentation deemed necessary to process my file. By signing this form, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and return to [finaid@cascadia.edu](mailto:finaid@cascadia.edu). **IMPORTANT: Incomplete or incorrect forms will not be processed.**