

Student's Name: _____ Last 4 Digits of Student's SSN _____

E. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

You should make a copy of this worksheet for your records.

Print Student's Name

Final four digits of Student's Social Security Number

Student's Signature

Date

Parent's Signature

Date

Tulane University Financial Aid, Gibson Hall, Suite #130, 6823 St. Charles Avenue, New Orleans, LA 70118

Or

Upload this form to: <https://finaidforms.tulane.edu/Home/Account/Login>