I certify that the information provided on my TASFA is true and correct to the best of my knowledge. If eligible, I will use any student financial aid provided as a result of my submission to pay only the cost of attending a Texas institution of higher education. I understand that any false statements may void my eligibility for state (or institutional) financial aid. By signing this application, I also acknowledge and consent to the following:

• I understand that the information provided on this application will be used only for evaluation of eligibility for state (or institutional) financial aid and that I may need to provide additional information or documentation to the college or university to determine eligibility.
• Once my application has been submitted, I must contact the college or university directly to discuss next steps to update or correct information on my submitted TASFA.

Student Signature _____________________________ Date______________

Parent Signature* ___________________________ Date______________

*Only required if all questions in SECTION TWO were answered “No.”

Select which parent signed above. Parent 1 ☐ Parent 2 ☐