LEHMAN COLLEGE OFFICE OF FINANCIAL AID
2010-2011 I.S.I.R. CORRECTION CERTIFICATION STATEMENT

NAME: _____ S.S.#: _____ DOB: _____
Last *First*

CERTIFICATION STATEMENT ON REFUNDS AND DEFAULTS

Any changes requested by me (us) via this Institutional Student Aid Report Change Form are true and complete to the best of my knowledge. If asked, I (we) agree to provide information that will verify the accuracy of my completed form. This information may include my U.S. or state income tax forms. Also I (we) certify to the following:

(1) Any federal and/or state students financial aid will be used only to pay the cost of attending an institution of higher education.

(2) I will not receive a Federal Pell Grant for more than one school for the same period of time.

(3) I (we) am not in default of a federal student aloan or have made satisfactory arrangements to repay it.

(4) I (we) do not owe money on a federal student grant or have made satisfactory arrangements to repay it.

(5) I (we) will notify my school if I (we) default on a federal student loan.

(6) I (we) understand that the Secretary of Education has the authority to verify information reported on the apllication with Internal Revenue Service.

I understand that if I purposely give false or misleading information, I may be fined $10,000, sent to prison or both.

Student: _____ *Date:* _____

Parent: _____ *Date:* _____

Additional Counselor Notes:

_____
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_____

Do not write below--Office of Financial Aid Use Only--Do not write below--Office of Financial Aid Use Only--Do not write below--

COUNSELOR'S NOTES

VERIFIED:_____ **WEB:**_____ **LAP:**_____ **LWP:**_____

REQUEST:_____ **DRN#:** _____

_____
_____
_____

_____
COUNSELOR'S SIGNATURE **DATE**

PELL COORDINATOR'S NOTES

_____
_____
_____
New Trans#:_____

Old EFC:_____ **New EFC:**_____

Input Processing Date: _____/_____/_____

Initials:_____