Student’s Name: _______________________________ Student’s ID Number: _______________________

Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

Certification and Signature
(Dependent Student)

Certification and Signature

Each person signing below certifies that all of the information reported 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, you may be fined, sent to prison, or both.

_________________________________________________  __________________________
Print Student’s Name                        Student’s ID Number

_________________________________________________  __________________________
Student’s Signature                  Date

_________________________________________________  __________________________
Parent’s Signature                Date