

**2019-2020 Supplemental Nutrition Assistance Program (SNAP)  
(Formerly Food Stamps)**

**Student Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

The Office of Financial Aid and Scholarships is required to verify the information you provided on the *Free Application for Federal Student Aid* (FAFSA). Your FAFSA indicated that someone in your household received SNAP benefits in 2017 or 2018. Please complete and sign this form in black or blue ink. We do not accept electronic signatures.

**Please check the appropriate box:**

☐ I acknowledge that someone in my household received SNAP benefits in 2017 or 2018.  
**Full name of recipient(s):** \_\_\_\_\_

☐ No one in my household received SNAP benefits in 2017 or 2018.

By signing this document, I/we certify that the information reported on this form is accurate and complete.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for Dependent Students)

Warning: If you purposely give false or misleading information and/or fraudulently sign this form, you may be fined, sentenced to jail or both. In addition, you will forfeit institutional eligibility.