NIAGARA UNIVERSITY  
FINANCIAL AID OFFICE, NIAGARA UNIVERSITY, NY  14109  
2014-2015 REQUIRED FEDERAL AID CERTIFICATIONS

Student Name: ________________________________________________

Social Security No._____________________________ Student No._____________________________  
(required)

Address: ______________________________________________________

street  city  state  zip

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PLEASE SIGN AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE IMMEDIATELY. THE  
FINANCIAL AID OFFICE CANNOT CREDIT YOUR STUDENT ACCOUNT UNTIL THIS FORM IS  
RECEIVED.

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SECTION A: STATEMENT OF REGISTRATION STATUS  
(Please check the statement below that applies to you.)

___ I certify that I am registered with Selective Service.

___ I certify that I am not required to be registered with Selective Service because: (Please check the  
statement that applies to you.)

___ I am a female.

___ I am in the armed services on active duty. (NOTE: Does not apply to members of the Reserve  
and National Guard who are not on active duty.)

___ I have not reached my 18th birthday.

___ I was born before 1960.

___ I am a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the  
Republic of Palau.

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SECTION B: CERTIFICATION STATEMENT ON OVERPAYMENT AND DEFAULT  
I certify that I am not in default on a federal student loan, or I have repaid or made satisfactory arrangements to  
repay my loan if I am in default; I do not owe money back on a federal student grant, or I have made satisfactory  
arrangements to repay it. I will notify Niagara University if I owe an overpayment on a federal grant or I am in  
default on a federal student loan; and I will not receive a Federal Pell Grant from more than one school for the same  
period of time.

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SECTION C: STATEMENT OF EDUCATIONAL PURPOSE  
I certify that I _____________________________ am the individual signing this Statement of  
(Print Student’s Name)  
Educational Purpose and that the federal student financial assistance I may receive will only be used for educational  
purposes and to pay the cost of attending Niagara University for 2014-2015.

______________________ ____________________________  
(Student’s Signature)  (Date)

forms:sep-form.doc Email: finaid@niagara.edu