



**BEACON  
COLLEGE**

Office of Financial Aid - 105 East Main Street - Leesburg, FL 34748

**CONSENT FORM TO MAKE SAR/ISIR CORRECTION**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Social Security Number

**I hereby give Beacon College permission to make any necessary corrections to my Student Aid Report (SAR) information.**

**I further certify that by signing this consent form (1) I will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) I am not in default on a federal student loan or have made satisfactory arrangement to repay it, (3) I do not owe money back on a federal student grant or have made satisfactory arrangement to repay it, (4) I will notify my school if I default on a federal student loan, and (5) I will not receive a Federal Pell Grant for more than one school for the same period of time.**

**I/We (student and/or parent) certify that by signing this application I/We agree, if asked, to provide information that will verify the accuracy of the student's financial aid application. This information may include U.S. or state income tax forms. I/We understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

**If I/We purposely give false or misleading information, I/We may be fined \$20,000, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if applicable)

\_\_\_\_\_  
Date