



**LOUISIANA TECH UNIVERSITY  
Office of Financial Aid**

**Verification Worksheet Parent's Signature Page  
2024-2025**

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

**Certifications and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

The Student and ONE parent whose information was reported on the FAFSA must sign and data.

**WARNING:** If you purposefully give false or misleading information, you may be fined, be sentenced to jail, or both.

STUDENT'S Last Name

First Name

MI

STUDENT'S CWID or SSN

PARENT'S Last Name

First Name

MI

**Student Signature:**

Electronically signed by Student on NetPartner

**Parent Signature:**

**Date:**