



## Higher Education Services Corporation

**Name:** LEVY SHI

**SSN:** 125-86-8885 (0)

**Academic Year:** 2015-16

### SIGNATURE PAGE

### PRINT THIS PAGE

One or more signatures are required for the completion of your Tuition Assistance Program (TAP) application for the 2015-16 academic year.

Please provide the missing signature(s), then print and return this page to:

NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION  
P.O. BOX 15107  
ALBANY, NY 12212-5107

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I, (the applicant or applicant's parent), affirm that the information herein is true. I consent to the verification by New York State Higher Education Services Corporation (HESC) of any statement made in application for an award, and authorize the NYS Department of Taxation and Finance to release to HESC certified copies of my personal income tax returns for all periods reported and for any subsequent periods I apply for financial aid.

**Parent 1's reported SSN (last 4 digits):**

**Parent 1's reported Last Name:** null

**3**

\_\_\_\_\_  
Parent 1's Signature

\_\_\_\_\_  
Date

**Parent 2's reported SSN (last 4 digits):**

**Parent 2's reported Last Name:** null

**4**

\_\_\_\_\_  
Parent 2's Signature

\_\_\_\_\_  
Date