



Higher Education Services Corporation

Name: MATTHEW D MORAN

SSN: 050-88-9456 (0)

Academic Year: 2019-20

SIGNATURE PAGE

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One or more signatures are required for the completion of your Tuition Assistance Program (TAP) application for the 2019-20 academic year.

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NEW YORK STATE HIGHER EDUCATION SERVICES CORPORATION
P.O. BOX 15132
ALBANY, NY 12212-5132

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): 7382

Parent 1's reported Last Name: MORAN

3 _____

☐ Parent 1's Signature

Date

Parent 2's reported SSN (last 4 digits): 7411

Parent 2's reported Last Name: HERNANDEZ

4 _____

☐ Parent 2's Signature

Date