Student’s Name: __________________________ Eagle ID Number: ________________

Complete this form only if you have been notified by the Office of Student Services that your 2017–2018 Boston College Financial Aid Application or your 2017–2018 Incoming Student Validation Form did not have all of the necessary signatures. This signed statement should be returned to:

Boston College Financial Aid Processing Center
P.O. Box 67486
Chestnut Hill, MA  02467

CERTIFICATION OF ACCURACY OF THE BOSTON COLLEGE APPLICATION/VALIDATION FORM

Through my/our signatures below, I/we attest that the previously received Boston College Application or Validation Form contains accurate and true information.

Everyone whose information is given on the 2017–2018 Boston College Application or Validation Form should sign below. The student (and at least one parent, if parent information was provided) MUST sign below.

Student: __________________________________________ Date: __________________

Spouse: ___________________________________________ Date: __________________

Father/Stepfather: _____________________________ Date: __________________

Mother/Stepmother: _____________________________ Date: __________________