



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

OFFICE OF STUDENT SERVICES
LYONS HALL
(800) 294-0294

Student's Name: _____ Eagle ID Number: _____

Complete this form only if you have been notified by the Office of Student Services that your 2008-2009 Boston College Financial Aid Application or your 2008-2009 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
PO Box 489
Randolph, MA 02368

Fax: (617) 552-2288

**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 2008-2009 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: _____

Mother/Stepmother: _____ Date: _____

Father/Stepfather: _____ Date: _____