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 2016-2017 Boston College Financial Aid Application or your 2016-2017 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 2016-2017 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: __________________