Complete this form only if you were notified that your 2018–2019 Free Application for Federal Student Aid (FAFSA) was not signed by you and/or your parent(s). Unsigned FAFSA applications are rejected by the federal processor. In order to continue the review of your financial aid application, you and at least one parent, if parental information was provided on the FAFSA, MUST sign below. This signed statement should be returned to:

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

If you are the student, by signing this statement you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan, and (5) will not receive a federal Pell Grant from more than one school for the same period of time. Everyone whose information is given on the 2018–2019 Boston College Financial Aid Application or Incoming Student Federal Verification Form should sign below. The student (and at least one parent, if parent information was provided) MUST sign below.

If you are the parent or the student, by signing this statement you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include your U.S. or state income tax forms. Also, you certify that you understand the Secretary of Education has the authority to verify information reported on your FAFSA with the Internal Revenue Service and other federal agencies. If you purposefully give false or misleading information, you may be fined $20,000, sent to prison, or both.

Student: __________________________________________  Date: ______________
Spouse: __________________________________________  Date: ______________
Father/Stepfather: ________________________________  Date: ______________
Mother/Stepmother: ______________________________  Date: ______________