

North Central College Office of Financial Aid 30 N. Brainard Street Naperville, IL 60540-4690 Phone: 630.637.5600 FAX: 630.637.5608 Email: finaid@noctrl.edu

2019-20 Change-in-Circumstances—Elementary/Secondary Tuition

Student Name: ____

Student ID/SSN: _

We were recently informed that your family is incurring tuition expenses not accounted for on the *Free Application for Federal Student Aid* (FAFSA). To determine if any adjustments can be made to your financial aid file, please complete all information below and submit the requested documentation.

Private School Tuition: Your family is currently paying tuition for a student enrolled in a private elementary or secondary school (other family members in college cannot be considered as they are accounted for on the FAFSA).

Documentation Requirements: Statements from school(s) of actual tuition paid or to be paid for the 2019-20 academic year. Please arrange to have the school's business office complete the form on the following page and return it to our office.

Please list names of all students below and institution student is attending. Once we receive all forms back from all schools we will process this appeal.

STUDENT	INSTITUTION
STUDENT	INSTITUTION
STUDENT	INSTITUTION

I declare that the information reported on this form is true, correct, and complete. I agree to provide, if requested, any other official documentation necessary to verify information reported.

Signature

Date

For Office Use Only:				
Elementary/Secondary tui	tion for 2019-20 FAFSA Adjustment (cap at \$13,119)			
Notes:				
Counselor:	Date:			

2019-20 VERIFICATION OF ELEMENTARY/SECONDARY TUITION BY SCHOOL BUSINESS OFFICE

North Central Student's Name	ID:	
North Central Student's Name	ID:	

Please read and sign the statement and list your elementary/secondary student(s) below. Send a copy of this form to the Business Office of each school that your student(s) attend. A separate form is required for each school.

RELEASE AUTHORIZATION

I hereby authorize the Business Office of the school below to complete this document and forward it to the **Office** of Financial Aid either by mail to **30 North Brainard Street**, Naperville, IL **60540**; by FAX at **630-637-5608**; or by email at <u>finaid@noctrl.edu</u>.

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The following student(s) attend your institution.

Name of Student	
1)	
2)	
I certify that the above student(s) is enrolled at	during the academic year of 2019-20.
Signature	Date

SCHOOL BUSINESS OFFICE SECTION:

For each elementary/secondary student listed above that attends your institution, please list below the amount of tuition paid or to be paid during the academic year of 2019-20. <u>Do not include any fees paid towards room and board, athletic expenses, laboratory expenses, health care expense, or any expense other than tuition.</u>

Name of Student		Tuition costs for 2019-20
1)		
2)		
School Name and Address:		
I certify that the information provided is	true and correct.	
Printed Name of School Official	Signature of School Official	Date