



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](mailto:finaid@noctrl.edu)

## 2020-21 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 2020-21 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 for all students, 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 tuition for 2020-21 \_\_\_\_\_  
FAFSA Adjustment (cap at \$13,847)

Notes: \_\_\_\_\_  
\_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

# 2020-21 VERIFICATION OF ELEMENTARY/SECONDARY TUITION BY SCHOOL BUSINESS OFFICE

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

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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 **[finaid@noctrl.edu](mailto:finaid@noctrl.edu)**.

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 2020-21.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### 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 2020-21. **Do not include any fees paid towards room and board, athletic expenses, laboratory expenses, health care expense, or any expense other than tuition.**

Name of Student

Tuition costs for 2020-21

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