

Boston University Financial Assistance

A. Student Information

Last Name

2015-2016 Quality Assurance Family Member Verification for Independent Students

MΙ

Email Address

Your application was randomly selected for data verification as part of the U.S. Department of Education's Institutional Quality Assurance Program. You must complete this worksheet and submit any documentation requested below. **Your compliance with QA program requirements is mandatory** to receive any type of federal, state or institutional aid. Other documents, including 2014 tax returns and W-2 forms, may also be required in order to complete your financial aid application. Please see the Student Link for details.

First Name

Address (Include Apartment Number)					Boston University ID Number		
City	State Zip Code			Date	Date of Birth		
B. Family Information List the people in your household, provide at least half of their suppor						whom you	
Full Name	Age	Relationship	Name of Attending i		Undergraduate/ Graduate	Half/ Full Time	
		Self	ŭ	Iniversity			
C. Sign this Worksheet You and your spouse (if married) must the data submitted.	st sign the	e certification belo	w. Please provid	le contact infor	mation in case we hav	e questions about	
By signing this worksheet, we certi	fy that al	I of the informat	ion reported on	it is complete	and correct.		
Print Student's Full Legal Name				Student's Signature			
Student's Email Address				Date			
Print Spouse's Full Legal Name				Spouse's Signature			
Spouse's Email Address				Date			

Submit the signed, completed worksheet and attached documentation to:

Boston University Financial Assistance 881 Commonwealth Ave Boston, MA 02215

Alternatively, you can fax them to us at 617-358-2792 or email it them us at *finaid@bu.edu*. If you choose to fax them, please write your BU ID number at the top of each page you fax. If you choose to email them, please include your name and BU ID number.