

BOSTON COLLEGE

2025–2026 GRADUATE AND LAW STUDENT FEDERAL VERIFICATION

It is the policy of both the U.S. Department of Education and Boston College to verify the information on the financial aid application materials. Submit this signed form with all required documentation to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/gradaid. Please note that it takes 48–72 hours for your documents to be added to your financial aid file. In addition, read and complete the voluntary "Title IV Federal Funds Authorization" (available electronically through your Agora Portal account). If you have any questions regarding the Financial Aid process, please contact the Office of Student Services at (800) 294-0294.

1. Student General Informat	ION						
Student Name							
Social Security Number			Eagle ID Number _				
Permanent Address			Cit				
Street			City		State	Zip	
Permanent Phone Number ()			Date of Birth	d/yyyy			
Student Cell Phone Number ()_		_ E-mail: Your BC e-mail account will be used.					
Student Marital Status: Single Married Div			orced/Separated	\square Widowed			
Spouse's Name (if applicable)							
What is your expected graduation date (month and year)?	□ Мау	[,] 20	gust 20	☐ Decem	ber 20	
2. Income Verification							
Student Spouse (if applica	ble) Tax Filing S	Tax Filing Status					
	, ,	es, I (we) have filed a 2023 federal, Puerto Rican, Canadian or any other foreign tax return. copy complete with all schedules and W-2 forms is attached, if not previously submitted.					
		o, I (we) have not and are not required to file a 2023 federal, Puerto Rican, Canadian or sy other foreign tax return.					
3. AMOUNTS AND SOURCES OF U List the total amounts of all sources of u W-2 or 1099, submit a copy, if not previo Do not leave blanks. Enter 'N/A' or zeros	ntaxed income red usly submitted. Li	ceived and r					
Do not leave blanks. Enter 14/A or 2010.	wilete appropria		udent	S	pouse (if ap	plicable)	
Income Earned from Work (if return not	filed) Amount	t: \$	Source:			. , Source:	
Aid to Families with Dependent Children	, (AFDC) Amount	t: \$	Source:N/A				
Housing and Other Living Allowances	Amount	t: \$	Source:	Amount: \$.	:	Source:	
Food Stamps (documentation required)		:: \$	Source:N/A	Amount: \$.	:	Source: N/A	
Other (specify source)			Source:		:	Source:	
Child support received for all children in	2023: Child's !	Name:		Amount: \$.			
Person paid to	Child's I	Name:		Amount: \$.			
	Child's I	Name:		Amount: \$.			

Page 1

LAWVALID2026

			Student Eagle ID Number			
4. Household Information	- h t	w le a console a led V		/: €		ا ا
Please complete this chart with information our dependent children if you will provide row live with you and receive more than halfune 30, 2026. Also, list the total number in ertificate program) during 2025–2026.	nore than f their sup	half of their su port from you	pport from July 1, 2025, through Jo and will continue to receive this so	une 30, 202 upport from	6. Include o July 1, 202	thers who 5, through
00 not leave blank.						
Name	Age	Relationship	School or college student will attend in 2025–2026	Full-time	Half-time	Less than half-time
1. Applicant		Self	Boston College			
2.						
3.						
4.			La alcudia a concentrata la conselha o			
Including you, total number in your household			Including you, total number in college 2025–2026			
Check here if there are more than four fame the many dependent children do you have used. 5. Additional Information/Speciuse the following space to answer any question.	inder the a	ge of 16? JMSTANCES ompletely or to		rou wish to l	oring to the	

6. STATEMENTS AND SIGNATURES

I, the student, or we, the student and student's spo notice of any significant change in my/our family significant ed as a recipient of a Boston College endowed or d

I, the student, affirm that I will be attending Boston College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Boston College. In addition, I authorize Boston College to retain Federal Financial Aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Boston College. If at any time I wish to change this authorization, I understand that I must notify the Office of Student Services in writing of the change.

The student and the student's spouse (if applicable) must sign and date this form. Student's Signature __

Spouse's Signature ___

Notice of Nondiscrimination

Founded by the Society of Jesus in 1863, Boston College is dedicated to intellectual excellence and to its Jesuit, Catholic heritage. Boston College recognizes the essential contribution a diverse community of students, faculty, and staff makes to the advancement of its goals and ideals in an atmosphere of respect for one another and for the University's mission and heritage. Accordingly, Boston College commits itself to maintaining a welcoming environment for all people and extends its welcome in particular to those who may be vulnerable to discrimination on the basis of their race, color, national origin, sex, religion, disability, age, marital or parental status, sexual orientation, military status, or other legally protected status.

Boston College rejects and condemns all forms of harassment, wrongful discrimination, and disrespect. It has developed procedures to respond to incidents of harassment whatever the basis or circumstance. Moreover, it is the policy of Boston College, while reserving its lawful rights where appropriate to take actions designed to promote the Jesuit, Catholic principles that sustain its mission and heritage, to comply with all state and federal laws prohibiting discrimination in employment and in its educational programs and activities on the basis of a person's race, color, national origin, sex, religion, disability, age, marital or parental status, genetic information or family medical history, or military status, and to comply with state law prohibiting discrimination on the basis of a person's sexual orientation.

Page 2

LAW/VALID2026

Student Eagle ID Number	
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To this end, Boston College has designated its Executive Director for Institutional Diversity to coordinate its efforts to prevent discrimination in accordance with this notice and applicable laws. Individuals are welcome to raise any questions regarding this notice and the requirements of state and federal nondiscrimination laws with the Executive Director for Institutional Diversity:

Boston College Office for Institutional Diversity (OID)
140 Commonwealth Avenue (Office location: 129 Lake Street)
Chestnut Hill, MA 02467
Patricia Lowe,
Executive Director for Institutional Diversity/Title IX Coordinator
patricia.lowe@bc.edu

Phone: 617-552-3334

Email: TitleIXCoordinator@bc.edu

The Executive Director for Institutional Diversity oversees the efforts of the following additional Title IX coordinators: (i) Melinda Stoops, Associate Vice President for Student Affairs and Student Affairs Title IX Coordinator (for student sexual harassment complaints), Maloney Hall, Chestnut Hill, MA 02467 (617-552-3482); (ii) Linda Riley, University Harassment Counselor, 129 Lake Street, Brighton, MA (617-552-0486); and (iii) Jocelyn Fisher Gates, Senior Women's Administrator and Athletics Title IX Coordinator, 310 Conte Forum, Chestnut Hill, MA 02467 (617-552-8303).

The following federal laws and regulations require the University not to discriminate on the basis of race, color, national origin, disability, sex, or age in treatment, employment, admission or access to Boston College and its educational programs and activities: Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106, and 110. Inquiries concerning the application to Boston College of each of the statutes and implementing regulations outlined above may be referred to the U.S. Department of Education, Office for Civil Rights, 5 Post Office Square, 8th Floor, Boston, MA 02109-3921 (617-289-0111).

Page 3 LAWVALID2026