AURORA UNIVERSITY

2027–2028 Statement of Clarification

STUDENT INFORMATION

Student Name _____ AU Student ID _____

Permanent Address _____ Phone Number_____

Please use the blank space below to clarify the information that you discussed with a counselor in the Office of Financial Aid. Sign the bottom of the form to certify the validity of your statement. This form cannot be completed in pencil.

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial aid will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process documents.

_____

Printed Name

_____ _____

Student Signature (This must be written by hand, not typed.) Date

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms | Fax: 630-844-6191
Mail: Office of Financial Aid, 347 S. Gladstone Ave., Aurora, IL 60506 | In Person: Eckhart Hall, Room 324
Questions: Email: finaid@aurora.edu | Phone: 630-844-6190
Note: Documents submitted via email cannot be accepted due to security reasons.