



## 2025-26 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

\_\_\_\_\_  
Signature → **Must be drawn and not typed.**

\_\_\_\_\_  
Date

**To return this form:** Secure Document Uploader: [aurora.edu/submitfinancialforms](https://aurora.edu/submitfinancialforms)

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](mailto:finaid@aurora.edu) | Phone: 630-844-6190

*Note: Documents submitted via email cannot be accepted due to security reasons.*

FAC25SOC  
10/02/2024