1600 Campus Road, F-35 Los Angeles, CA 90041 T 323-259-2548 E finaid@oxy.edu Wwww.oxy.edu/financial-aid

202 - 2 02 ELEMENTARY/SECONDARY TUITION EXPENSES

Student's Last Name Student's First Name M.I. Oxy ID or Last 4 Digits of SSN

If it causes an unusual financial b urden t o a family, f ederal r egulations allow f inancial aid administrators to consider, on a case-by-case basis, payments associated with elementary a nd/or secondary school t uition for c hildren other t han the Occidental student. Families that w ould like Occidental to consider these expenses <u>must complete t his form AND provide</u> <u>acceptable supp orting documentation</u>.

Examples of acceptable documentation include:

- x A statement of account that shows both the charges and payments (preferred)
- x An invoice of charges AND c opies of cashed checks made to the school
- x A beeth (seic) le 3 e 5 d (t) 1.5 28 (e) 7.3 (t) 13s

STUDENT ELEMENTARY/SECONDARY TUI TION INFORMATION

Student's Name :	Tuition Amount Paid: \$
School Name :	School Phone Number:
School Address:	
Student's Name:	Tuition Amount Paid: \$
School Name :	School Phone Number:
- · · · · · ·	

School Address:

CERTIFICATION

I/We certify that all information reported on this form, and any additional/supporting documentation attached to this form is true, complete, and accurate to the best of my/our knowledge. I/We understand that purposely providing false or misleading information will be cause for denial, reduction, withdrawal, and/or repayment of financial aid fund s.

Please note that our office is unable to accept digital signatures. Please print, sign (wet signature) and upload your comp I eted form via IDOC. This particular form may also be emailed directly to our office at finaid@oxy.edu.

Student's Signature

Print Name

Date