**Budget Appeal   
Affidavit – Disability Expenses**

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| 1. **Student Information** | | | | | | |
| **Student Name:** |  | **7-digit NAU ID Number:** | | |  | |
| **Phone:** |  | **NAU Email:** | | |  | |
| **B. Disability Expenses** | | | | | | |
| **Please list all disability expenses incurred. Expenses must be directly related to the student and receipts must be in student’s name.** | | | | | | |
| **Detailed Description of Expense** | | | | **Covered by Insurance or Health Saving Plan (Y or N)** | | **Monthly Expense Amount** |
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| **Total Monthly Amount of Disability Expenses** | | | |  | |  |
| **D. Agreement and Understanding** | | | | | | |
| By signing below, I acknowledge that I have read and understood all the information outlined in this form. I attest that all information that I am providing is true and accurate. I acknowledge that I understand that only expenses incurred by me, as the student, are considered for the appeal process.  **Signature must be hand-written, typed or electronic signatures will not be accepted.** | | | | | | |
| **Typed – Student First and Last Name** | | |  | | | |
| **Student Signature** | | |  | | | |
| **Date** | | |  | | | |