

Office of Scholarships and Financial Aid (OSFA)
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## Cost of Attendance Appeal Affidavit – Disability Expenses

A. Student Information					
Student Name:		7-digit NAU I	D 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 the student's name.					
Detailed Description of Expense			or Health Saving Plan		Monthly Expense Amount
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 Signatur	re				
Date					