

## Cost of Attendance Appeal

## Affidavit – Emergency and Natural Disaster Expenses

A. Student Info	ormat	ion								
Student Name:				7-digit NAU ID Number:						
Phone:				NAU Email:						
B. Emergency or Natural Disaster Information										
Date or Date Range That Emergency or Natural Disaster Occurred		Detailed Description of Emergency or Natural Disaster								
C. Expenses Related to Emergency or Natural Disaster										
Provide copies of Itemized receipts, on business letterhead or invoice. The expenses incurred must be in the student's name, listing expenses incurred, expense amount, paid amount, and date paid. Only expenses not covered by insurance or other parties can be considered.										
Detailed Description of Expense			Ve	ndor / Business	Date Paid	Amount Paid				
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## NALI NORTHERN ARIZONA UNIVERSITY

Office of Scholarships and Financial Aid

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Total Amount of Expenses Paid								
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								