FACHEX

Faculty and Staff Childrenôs Exchange

Boston College Certification of Eligibility

To Be Completed by the Parent Employed by Boston College

Parent's Full Legal Name: _____

Eagle ID Number: __ __ __ __ - __ __ __ __

Title: _____

E-mail: _____

Phone number: _____

I certify that the person named below is my child by birth, marriage, or legal adoption and that s/he does not have a bachelor's degree from any institution. I believe that I qualify for the Tuition Remission Benefit because I will have completed at least five years of continuous full-time service at Boston College by the beginning of the semester to which the Tuition Remission will apply. I am requesting that Certification of my eligibility be sent to the FACHEX coordinator(s) at the school(s) I have listed on page 2 below*. I understand that any change in my employment status at Boston College could affect my eligibility for this benefit.

Child's Full Legal Name: _____

Last 4 Digits of Child's Social Security No.: __ __ __ __ DOB _____

Mailing Address: _____

_____

E-mail: _____

Phone: _____

_____ _____

Parent Signature Date

RETURN THIS FORM TO THE BENEF

_____ _____

Benefits Office Signature **D ate**

Childôs Name: _____

***Participating school(s) where Certification is to be sent**:

_____

_____

_____

_____

_____

_____

_____