

FACHEX

Faculty and Staff Children's 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 BENEFITS OFFICE – 129 Lake St.

BENEFITS OFFICE CERTIFICATION:

Based on the parent's current status, the child named above ____ will be ____ will not be eligible for the Boston College Tuition Remission Benefit as of September 20 ____.

Benefits Office Signature

Date

Child's Name: _____

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