



Education Disruption Due to COVID-19 Coronavirus  
Student Attestation

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Affected Term (Fall or Spring): Select Term

Affected Year: 2020-2021

I hereby attest that I have experienced a disruption in my education due to the COVID-19 Coronavirus and had to withdraw from all courses in the term and year listed above. The disruption reason is listed below (check all that apply).

- Illness of the student or family member;
- Need to become a caregiver or first responder;
- Loss of childcare;
- Economic hardship;
- Inability to access wi-fi due to closed facilities; or
- An increase in work hours as a result of the COVID-19 emergency.
- None of the above apply.
- Other\*

\*Explanation if Other is checked:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Submit this form to the Office of Financial Aid by emailing it to [financial.aid@augie.edu](mailto:financial.aid@augie.edu), fax 605.274.5295 or mail: Augustana University Office of Financial Aid 2001 S Summit Ave, Sioux Falls, SD 57197. If emailing, please send from your university email account rather than your personal email account. Questions please call 605.274.5216.