Error Explanation Letter

This document explains an error committed in your application. Complete the details requested below and provide your signature certifying the information provided is correct. Please note that documentation is required to support all financial information entered for the applicant and any living parent(s). Additional documentation may be required as a result of your error.

1. **Please provide a brief description of the error committed:**
2. **Please provide an explanation of how or why the error was committed:**
3. **Will this error result in a change of any financial information listed on your application? □ Yes □ No**

**If Yes, please explain:**

1. **Will this error result in a change to one of more of your required documents?**

**□ Yes □ No**

**If Yes, please explain:**

1. **Will you be providing additional documentation to support the changes to your financial information? □ Yes □ No**

**If Yes, please list the document(s) you will provide:**

By signing below, I certify that the information being submitted is complete and accurate, to the best of my knowledge. I understand that submitting false information or omitting required or material information could result in an Investigation, which may impact my eligibility for Fee Assistance. I understand that the AAMC may require additional documentation in order to process my application. I authorize the AAMC to retain copies of my submitted documents for a period of 90 days beyond the date when an award decision has been made.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_