Verification of Enrollment for Family Member

You reported on your verification form that one or more of your family members will be attending college at least half-time during the 2023-2024 school year. To continue processing your application for financial aid, the school your family member(s) attend(s) must complete, sign, and return this Verification of Enrollment form to UMass Amherst Financial Aid Services. Please submit one form for each attending family member. The completed form must be received by October 16, 2023.

NOTE: The number in college will be updated after receiving and reviewing this completed form.

Part I. Student Attending UMass Amherst Information

Name (Last, First MI):	UMass SPIRE ID:
Email Address:	_ Phone Number: ()

Part II. Family Member Attending School at Least Half-Time Information

Please complete and submit this form to the financial aid office of the school you are attending at least half-time.

Your Name (Last, First MI): ______ Your Social Security Number(Or School ID): _____

Your relationship to UMass Amherst student: _____

Name of School you are attending at least half-time:

I hereby authorize the Financial Aid Office at the above-named institution to provide enrollment information to the University of Massachusetts Amherst Financial Aid Services.

Date:

Signature: _____

Part III- To be completed by the Financial Aid Office at School Family Member is Attending

The person listed in Part II indicated he/she is attending your school, please complete the information below and submit the form to UMass Amherst Financial Aid Services. By Fax to 413-545-1700 or mail document to: Financial Aid Services, 37 Mather Drive, Amherst, MA 01003.

Form must include official school/office stamp.

Is this student enrolled in a degree/certificate program?	□ No Enrollment Statu	$s: \square$ Full-time	□ Half-time
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 $\hfill\square$ Less than half-time $\hfill\square$ Not enrolled

Dates of enrollment: From:	_To:	Expected date of graduation:		/
Name of School:			MM	YYYY
Name of Financial Aid Official:		Title:		
Email Address:		Telephone #:()		
Signature of Financial Aid Official:		Date:		



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