

Verification of Enrollment For Family Members 2009-2010



Your 2009-2010 Free Application for Student Aid (FAFSA) indicated that more than one family member would be enrolled at least half-time in post-secondary education during the 2009-2010 academic year. In order to continue processing your financial aid application we need to obtain verification of enrollment for those family members.

- Please complete Section 1 with your information and Section 2 with your family member's information and send the form to the Financial Aid Office at the institution your family member is attending.
- We must receive this completed form after the enrollment period begins.

NOTE: Your financial aid may be adjusted if Financial Aid Services does not receive this information.

Financial Aid Services | 255 Whitmore Administration Building | 181 President's Drive | Amherst, MA | 01003-9313 | Telephone 413.545.9420 | TDD 413.545.0801 | Fax 413.545.1700

SECTION 1. To be completed by the student attending UMASS Amherst

Name: _____ Spire ID #: _____
Social Security # _____ - _____ - _____ Email Address: _____

SECTION 2. To be completed by the family member of the student attending UMASS Amherst

Name of family member enrolled at least half-time: _____

Social Security Number: _____ - _____ - _____

Relationship to student at UMASS Amherst: _____

Name of Institution I am attending: _____

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

Signature: _____ Date: _____

SECTION 3. To be completed by the Financial Aid Office at institution listed in SECTION 2

Is this student enrolled in a degree/certificate program? Yes No

Please indicate enrollment status: Full-time Half-time Less than half-time Not enrolled

Student's dates of enrollment: From: _____ To: _____

Expected date of graduation: _____ 200_____

Dependency status: Dependent Independent

Financial aid received: Yes No

Signature and Title of Financial Aid Official: _____ Date: _____

You may fax the completed form to: (413) 545-1700

