

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 2022-2023 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 15, 2022.

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.

Signature: _____ Date: _____

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? Yes No **Enrollment Status:** Full-time Half-time
 Less than half-time Not enrolled

Dates of enrollment: From: _____ To: _____ **Expected date of graduation:** _____ / _____
MM YYYY

Name of School: _____

Name of Financial Aid Official: _____ **Title:** _____

Email Address: _____ **Telephone #:** () _____

Signature of Financial Aid Official: _____ **Date:** _____



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