Financial Aid Services Academic Year 2023-2024

Fax: 413-545-1700 Phone: 413-545-0801



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	l 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 of Massachusetts Amherst Financial Aid Services.	ve-named institution to provide enrollment information to the University
Signature:	Date:
,	ial Aid Office at School Family Member is Attending
	ng your school, please complete the information below and submit the c to 413-545-1700 or mail document to: Financial Aid Services, 37 Mather Drive
Form must include official school/office stamp.	
Is this student enrolled in a degree/certificate pro	gram? Yes No Enrollment Status: Full-time Half-time
	\Box Less than half-time \Box Not enrolled
Dates of enrollment: From:To:	Expected date of graduation:/
Name of School:	
Name of Financial Aid Official:	Title:
Email Address:	Telephone #:()
Signature of Financial Aid Official.	Data

