# 2020-2021
# Verification of Enrollment for Family Member

University of Massachusetts Amherst BE REVOLUTIONARY

**Financial Aid Services**
243 Whitmore Administration Building
181 Presidents Drive
Phone: 413-545-0801 Fax: 413-545-1700
Email: finaid@finaid.umass.edu

You reported on your verification form that one or more of your family members will be attending college at least half-time during the 2020-2021 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, 2020.

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

## Part I. Student Attending UMass Amherst Information

Name: _____ UMass SPIRE ID: _____
Last, First MI

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

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 email to fadocs@umass.edu.
**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:**_____

*FENVRO*