

2018-2019
SIBLING/SPOUSE/DEPENDENT
ENROLLMENT VERIFICATION FORM

Student Section: _____
 Name of State University of New York at Fredonia Student _____ Fredonia ID number _____

You have reported on your 2018-2019 FAFSA that your sibling/spouse/dependent _____ attends _____ college/university on **at least half-time basis** and **is a matriculating student** in an **eligible program** of study.

Your sibling/spouse/dependent **must sign** this authorization giving permission for their school to complete the form. Forward this form to his/her Financial Aid Office so that they may provide the information in the "FAO section" below.

X _____
 Signature of Student **NOT AT** State University of New York at Fredonia _____ Social Security Number _____

****Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid.****

FAO Section:
to be completed by the Financial Aid Office only at _____

For the **2018-2019** academic year this student is considered, for financial aid purposes to be:

1. ___ Dependent ___ Independent 2. ___ Full Time ___ 1/2 time ___ Less than 1/2 time
 3. ___ Undergraduate ___ Graduate 4. ___ Degree student ___ Non-degree student

FAO Name and Title (Printed)

Date

X _____
FAO Signature

FAO Telephone Number

College's Name

College's Title IV code

College's Address



Important: FAO, please use your office's stamp in the space above to certify completion of this form. Please return this form to the State University of New York at Fredonia, Office of Financial Aid, 209 Maytum Hall, Fredonia, NY 14063
 Fax #: (716) 673-3785 or email: financial.aid@fredonia.edu Thank you.