

2019 – 2020 ACADEMIC YEAR

ENROLLMENT VERIFICATION FORM

You reported on the FAFSA that, other than yourself, you will have one or more family members enrolled in another college or university at least half-time during the 2019-2020 academic year. Please list each family member that will be enrolled in another university or college at least half-time during the 2019-2020 academic year. The Enrollment Verification form must be completed and returned to the Office of Student Financial Services at Fordham University. If the family member does not intend to enroll, indicate that information on the form and return it to our office.

Fordham University Student: \_\_\_\_\_  
First Name M.I. Last Name

FIDN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list each family member that will be enrolled in another university or college at least half-time during the 2019-2020 academic year.

|    |                     |                        |               |                     |
|----|---------------------|------------------------|---------------|---------------------|
| 1. | _____               | _____                  | _____         | _____               |
|    | Name of Student     | Social Security Number | Date of Birth | Name of Institution |
|    | Fall 19 _____       | Spring 20 _____        | _____         |                     |
|    | Hours of Enrollment | Signature              |               |                     |
| 2. | _____               | _____                  | _____         | _____               |
|    | Name of Student     | Social Security Number | Date of Birth | Name of Institution |
|    | Fall 19 _____       | Spring 20 _____        | _____         |                     |
|    | Hours of Enrollment | Signature              |               |                     |
| 3. | _____               | _____                  | _____         | _____               |
|    | Name of Student     | Social Security Number | Date of Birth | Name of Institution |
|    | Fall 19 _____       | Spring 20 _____        | _____         |                     |
|    | Hours of Enrollment | Signature              |               |                     |

If we are unable to verify enrollment electronically, we will send you an additional form that the student's sibling university is required to complete.

By signing below, I am authorizing Fordham University to retrieve the necessary information to verify sibling enrollment.

Signature: \_\_\_\_\_  
Fordham University Student Signature Date