

2020 – 2021 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 2020-2021 academic year. Please list each family member that will be enrolled in another university or college at least half-time during the 2020-2021 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 2020-2021 academic year.

1.	Name of Student	Social Security Number	Date of Birth	Name of Institution
	Fall 20 _____ Spring 21 _____	Signature		
	Hours of Enrollment			
2.	Name of Student	Social Security Number	Date of Birth	Name of Institution
	Fall 20 _____ Spring 21 _____	Signature		
	Hours of Enrollment			
3.	Name of Student	Social Security Number	Date of Birth	Name of Institution
	Fall 20 _____ Spring 21 _____	Signature		
	Hours of Enrollment			

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