



VERIFICATION OF ENROLLMENT
Valdosta State University
Office of Financial Aid

Section A

VSU Student's Name Student ID Number Date

Section B

Please have each sibling (spouse or child) who is attending a post-secondary institution and carrying at least half-time hours complete this form and forward it to the Registrar's Office or the Financial Aid Office at the school, which they are attending. Please show this person's name and social security number, and have them sign in the spaces below. NOTE: Students can not list parents as attending college or post-secondary institutions.

I authorize the release of the information requested below to Valdosta State University.

Print other Student's Name Other Student's ID Number

I will [] will not [] be attending a post-secondary institution. Please mark an "X" to indicate correct choice. If the choice "will be attending" is marked, please indicate which post-secondary institution you will be attending.

College, University, or other Post-Secondary School City State

Sibling's/spouse's/child's Signature Date

Section C

TO BE COMPLETED BY THE REGISTRAR'S OR THE FINANCIAL AID OFFICE

For the academic year, the student listed above is:

- A. Admission Status: ___ Has Been Accepted ___ Has NOT Been Accepted
B. Expected/Current Enrollment Status: ___ Full time ___ Less than half-time ___ Half-time ___ Other ___ The student is not enrolled during the academic year.
C. Dependency Status: ___ Dependent ___ Independent ___ Has Not Been Determined

Signature of Certifying Official Date

Title Name of Institution

This is time sensitive material. Your help in expediting this material is greatly appreciated.

Please return to: Office of Financial Aid
Valdosta State University
Valdosta, GA 31698
Phone: 229-333-5935 FAX: 229-333-5430

ENROLLMENT CERTIFICATION

Dear Student:

The Department of Financial Aid is currently participating in a Quality Assurance program developed by the U.S. Department of Education to determine the accuracy of information used in the financial aid process. The information that you provided on your Free Application for Federal Student Aid (FAFSA) indicated that you would have a sibling/spouse/child enrolled at least half-time in a post-secondary educational institution during the academic year. We are requesting that you confirm your sibling's/spouse's/child's enrollment status at this time.

On the back of this letter is an enrollment certification form. Please complete this form in the following order:

1. **Section A:** Fill in the name and social security number of the student attending Valdosta State University.
2. **Section B:** Fill in the name and social security number of the sibling/spouse/child that is also attending a post-secondary institution at least half-time. Each family member attending a post-secondary institution must complete a separate copy of this form. **After this section is completed, YOU must send this form to the College, University or other Post-Secondary Institution listed in Section B.** If the student in section B will not attend, please mark the box under this section as shown:

Will[] Will Not [] be attending a post-secondary institution, etc.

Do not return this form blank. Incomplete forms will be returned to you.

3. **Section C:** Must be completed by the Financial Aid Office at the institution listed in **Section B** and returned **to the Valdosta State University Office of Financial Aid.**

If you have more than one family member attending a post-secondary institution, please photocopy this form as needed.

If your sibling/spouse/child will not be at least half-time, please notify us immediately. Your financial aid information will be revised accordingly. Failure to submit this form will result in a delay in processing your financial aid for the academic year.

If you have any questions or concerns about this request, please feel free to contact our office and ask for a financial aid counselor.