

# 2020-2021 ENROLLMENT VERIFICATION FORM

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Federal School Code: 002976



**UNC  
GREENSBORO**  
Financial Aid Office

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle

## SECTION A: To be Completed by UNCG Student

1. Do you have a spouse, siblings, and/or children who will be enrolled in an eligible post-secondary institution during the 2020-2021 academic year?  
 Yes - Please proceed to question 2  
 No - Leave the rest of the form blank and return it to the UNCG Financial Aid Office
2. Is your family member enrolled at UNCG?  
 Yes - Complete only the Family Member Information section below and return the form to the Financial Aid Office  
 No - Please proceed with Sections B and C

**NOTE: Section C must be completed by the Registrar's Office at School of Family Member.**

**WE WILL NOT PROCESS THIS FORM IF YOU SUBMIT IT WITH SECTION C INCOMPLETE**

### FAMILY MEMBER INFORMATION

Family Member's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Year in College: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

The UNCG student listed at the top of this form is my:  Sibling  Child  Spouse

## SECTION B: To Be Completed By the Family Member Enrolled in Eligible Post Secondary School

**Family member: Complete the signature release below. Forward this form to your institution's Registrar's Office for enrollment certification.**

I authorize post-secondary institution \_\_\_\_\_ to release my enrollment information to the University of North Carolina at Greensboro for purposes of completing the U.S. Department of Education requirements.

\_\_\_\_\_  
Signature of family member

\_\_\_\_\_  
Date

## SECTION C: To be Completed By the Registrar's Office at School of Family Member

This form certifies that the student listed in Section B is enrolled or will be enrolled in a U.S. Department of Education-approved degree or certificate program at this institution during one or more periods of enrollment for the 2020-2021 academic year. Our institution meets the definition of an "eligible post-secondary institution" by participating in Title IV financial aid programs.

Our U.S. Department of Education ID is: \_\_\_\_\_

This student is:  An Undergraduate student enrolled in \_\_\_\_\_ hours  
 A Graduate student enrolled in \_\_\_\_\_ hours. Is the graduate student's enrollment considered at least half time as defined by the institution?  Yes  No

\_\_\_\_\_  
Print Name of Certifying School Official

*Execute Stamp/Seal Here*

\_\_\_\_\_  
Signature of Certifying School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution's Name, Address, and Telephone Number