

2021-2022 ENROLLMENT VERIFICATION FORM

P.O. Box 26170
Greensboro, NC 27402-6170
Phone: 336-334-5702
finaid@uncg.edu | <http://fia.uncg.edu>
[Document Uploader](#) go.uncg.edu/qe774o
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 2021-2022 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 2021-2022 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