

## 2023-2024 ENROLLMENT VERIFICATION FORM

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Federal School Code: 002976



**UNC  
GREENSBORO**  
Financial Aid  
and Scholarships

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

### SECTION A: To be Completed by UNCG Student

- Do you have a sibling, spouse, and/or children who will be enrolled in an eligible post-secondary institution during the 2023-2024 academic year?  
☐ Yes - Please proceed to question 2  
☐ No - Leave the rest of the form blank and upload it into the UNCGenie Document Uploader
- Is your family member enrolled at UNC-Greensboro?  
☐ Yes - Complete only the Family Member Information section below and upload the form into the UNCGenie Document Uploader  
☐ No - Please proceed with Sections B and C

**NOTE: Section C must be completed by the Registrar's Office at the School your family member attends.  
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 UNC-Greensboro 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 2023-2024 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