



2017-2018 Child/Spouse Enrollment Verification Form

Please complete and return to:
Utica College, Student Financial Services
1600 Burrstone Road, Utica, New York 13502
Fax: 315-792-3368 • Email: sfs@utica.edu

The Office of Student Financial Services requests the completion of this form as you reported more than 1 in college on your FAFSA and/or Household Form. We will continue processing your financial aid application; however, until this completed form is received, we will not disburse funds to your account.

A. TO BE COMPLETED BY UTICA COLLEGE STUDENT

Student Name

Utica College ID Number

My child/spouse, _____, [] will OR [] will not attend a post-secondary institution during the 2017-18 academic year.

Continue to section B if child/spouse will attend a post-secondary institution.

Return form to the Utica College Office of Student Financial Services if child/spouse will not attend a post-secondary institution.

B. TO BE COMPLETED BY CHILD/SPOUSE OF UTICA COLLEGE STUDENT

In order to verify information on my child/spouse's financial aid application, I authorize the institution in which I am enrolled to release the information requested to Utica College.

Name of Institution

Social Security Number

Child/Spouse Name

Date of Birth

Child/Spouse Signature

Date

Forward form to child/spouse's institution to have Section C completed or submit with an enrollment verification form

C. TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR OF THE CHILD/SPOUSE'S INSTITUTION

The Utica College student named in Section A has indicated on his/her financial aid application that he/she has a child/spouse, named in Section B, attending your institution. Please complete the following information regarding the student enrolled in your institution to assist us in our certification.

2017-18 Academic Year Enrollment Status [] Full-time [] Less than Half-time [] Half-time [] Not Enrolled

Program Type [] Degree [] Certificate [] Non-degree

I certify that the above information is accurate and that our institution participates in Title IV Federal Aid Programs.

Signature of Institution Official

Date

Title

Phone

Address

Email Address