

OFFICE OF FINANCIAL AID
(845) 257-3250
FAX (845) 257-3568

VERIFICATION OF COLLEGE ENROLLMENT
2009-2010 ACADEMIC YEAR

SUNY New Paltz Student _____,
Student ID/SSN _____, has a
sibling/spouse enrolled at _____.

Please forward the following information of sibling/spouse to the
Financial Aid Office at SUNY New Paltz after completion by the **REGISTRAR**
of the other school.

STUDENT NOT ATTENDING SUNY NEW PALTZ: _____
Print Name
Social Security Number

STUDENT SIGNATURE FOR RELEASE OF INFORMATION:

Student's Signature Date

THIS SECTION IS TO BE COMPLETED BY THE REGISTRAR OF THE INSTITUTION

DURING THE 2009-2010 ACADEMIC YEAR, THE ABOVE-NAMED STUDENT IS
ENROLLED AND WORKING TOWARD A DEGREE OR CERTIFICATE AND IS
REGISTERED AS FOLLOWS:

_____ Full time _____ Less than half time
_____ Half time _____ Is not enrolled

Name of degree or certificate program: _____

REGISTRAR'S SIGNATURE DATE

AFFIX SCHOOL SEAL OR STAMP

RETURN TO: SUNY New Paltz, Financial Aid Office, 200 Hawk Drive,
New Paltz, NY 12561