



OFFICE OF FINANCIAL AID
Phone: 845-257-3250 Fax: 845-257-3568
www.newpaltz.edu/financialaid

VERIFICATION OF COLLEGE ENROLLMENT
2018-2019 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 2018-2019 ACADEMIC YEAR (between July 1, 2018 and June
30, 2019), THE ABOVE-NAMED STUDENT IS ENROLLED AND WORKING TOWARD A
COLLEGE 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 or fax to (845) 257-3568