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

VERIFICATION OF COLLEGE ENROLLMENT
2015-2016 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 2015-2016 ACADEMIC YEAR (between July 1, 2015 and June 30, 2016), 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