



Name of SUNY New Paltz student _____,

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Student ID

has a sibling/spouse enrolled at: _____

Please forward the following information of sibling/spouse to Student Financial Services 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 TO BE COMPLETED BY THE REGISTRAR OF THE INSTITUTION:

During the 2020-2021 academic year (between July 1, 2020 and June 30, 2021), 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 form to Student Financial Services, SUNY New Paltz.