



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Student Financial Services
200 Hawk Drive, New Paltz, NY 12561-2438
Ph: 845-257-3250 • Fax: 845-257-3568

VERIFICATION OF COLLEGE ENROLLMENT 2023-2024 ACADEMIC YEAR

Name of SUNY New Paltz student _____,

N	_____
---	-------

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 2023-2024 academic year (between July 1, 2023 and June 30, 2024), 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.