Enrollment Verification Form-REQUIRED INFORMATION

SECTION A: Mount St. Mary’s Student Information
Name: ____________________________________________________________
My Sibling, _______________________________________________________
  o Will be attending a post-secondary institution in the academic year 2013-2014. **Continue** to section B.
  o Will not be attending a post-secondary institution in the academic year 2013-2014. **Sign** and return this form.

SECTION B: To be completed by the sibling of the Mount St. Mary’s University student
In order to verify information on my sibling’s financial aid application, I authorize the institution in which I am enrolled to release the information requested to Mount St. Mary’s University.
Name of Institution: __________________________________________________
Name of sibling: _____________________________________ Signature: __________________ Date: _______

**FORWARD THIS FORM TO YOUR SCHOOL’S FINANCIAL AID OFFICE**

SECTION C: To be completed by the institution referenced in section B
The Mount St. Mary’s University student referenced in Section A has indicated that he/she has a sibling, referenced in section B, attending your institution. Please complete the following information regarding the student enrolled.
**Please return this form to Mount St. Mary’s University within two weeks of receipt. Thank you.**

1. Anticipated graduation date: __________ __________
   Month Year

2. Current Enrollment Status:
   o Full-Time
   o Half-Time
   o Less than half-time
   o Not Enrolled

3. Dependency Status
   o Dependent
   o Independent

*I certify that the information in section C is accurate to the best of my knowledge:*

________________________________________________________ Date
Name/Signature of Financial Aid Administrator

________________________________________________________
School Address

________________________________________________________
Phone Number

________________________________________________________
Email

SCHOOL SEAL