2011-2012 VERIFICATION OF PARENT COLLEGE ENROLLMENT

The student below has indicated a parent will attend college for at least one semester at a minimum of half-time status. In order for us to take that information into consideration under professional judgment, this form must be completed. To verify this information, please complete Section A, then forward this form to the Financial Aid Office of the school the parent is attending during the 2011-2012 academic year.

_____ _____

UW-Superior College Student (Print) UW-Superior Student ID#

Section A: *To Be Completed by Parent Attending College*

I grant the Financial Aid Office at _____ permission to release the information requested on this form to the University of Wisconsin Superior Financial Aid Office.

_____ _____

Name (Print) Social Security Number

_____ _____

Signature Date

Section B: *To Be Completed by the Parent's College/University Financial Aid Office*

2011-12 Enrollment Status

____ Full-time
____ Half-time
____ Less than half-time
____ Not enrolled

____ Fall (1st Semester/Quarter)
____ Winter (2nd Quarter)
____ Spring (2nd Semester/3rd Quarter)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ _____

Financial Aid Officer Signature Date

_____ _____

PRINT Name and Title Institution

Return form to:

UW-Superior, Financial Aid Office, Main 110, P O Box 2000, Superior, WI 54880-4500
Fax Number 715-394-8027