



2008-2009 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 2008-2009 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-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*

2008-09 Enrollment Status Full-time Fall (1st Semester/Quarter)
 Half-time Winter (2nd Quarter)
 Less than half-time Spring (2nd Semester/3rd Quarter)
 Not enrolled

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**