



## 2019-2020 VERIFICATION OF PARENT IN COLLEGE ENROLLMENT

The student below has indicated a parent will attend college for at least one term at a minimum of half-time status in a degree-seeking program. 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 2018-2019 academic year.

\_\_\_\_\_  
UW-Superior College Student (Print)

\_\_\_\_\_  
UW-Superior Student ID#

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### 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

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

2019-20 Enrollment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Fall (1 <sup>st</sup> Semester/Quarter)
in a degree seeking program	<input type="checkbox"/> Half-time	<input type="checkbox"/> Winter (2 <sup>nd</sup> Quarter)
	<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Spring (2 <sup>nd</sup> Semester/3 <sup>rd</sup> Quarter)
	<input type="checkbox"/> 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 to:**

**UW-Superior Financial Aid Office, Old Main 110, PO Box 2000, Superior, WI 54880-4500**  
**Phone: 715-394-8200      Fax: 715-394-8027      Email: [finaid@uwsuper.edu](mailto:finaid@uwsuper.edu)**