

Financial Aid Office  
One Shields Avenue  
(530) 752-2390

University of California  
Davis, CA 95616-8596  
*financialaid.ucdavis.edu*

## VERIFICATION OF COLLEGE ENROLLMENT FOR PARENT 2006-2007

Before we can recalculate your financial aid eligibility to include a parent attending college, we must verify that your parent is enrolled at least half-time in a degree-seeking program for the 2006-2007 academic year.

### SECTION 1 (To be completed by *UC Davis student*)

Name: \_\_\_\_\_ Student I.D.# \_\_\_\_\_

My parent (name), \_\_\_\_\_, will attend a postsecondary institution during the 2006-2007 academic year.

Your parent **must complete Section 2** of this form.

### SECTION 2 (To be completed by *parent* of UC Davis student)

To verify information on my son's/daughter's financial aid application, I authorize the institution in which I am enrolled to release the information requested (in Section 3 of this form) to the UC Davis Financial Aid Office (*address above*).

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Please print your name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

### SECTION 3 (To be completed by the *Registrar* at the *parent's* college)

Please assist the UC Davis Financial Aid Office by providing the following information for the student listed in Section 2. Return the completed form to the UC Davis Financial Aid Office (*address above*).

- ♦ Is the student enrolled in a degree or certificate program for the 2006-2007 academic year?  
 Yes       No
- ♦ Current enrollment status for the 2006-2007 school year:  
 full-time     half-time or more       less than half-time       not enrolled
- ♦ Expected month/year of graduation completion of program: \_\_\_\_\_ / \_\_\_\_\_

*I certify that the information I have provided is accurate to the best of my knowledge.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Institution \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_