

Financial Aid Office
 One Shields Avenue
 (530) 752-6667
 FAX: (530) 752-6667

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

VERIFICATION OF COLLEGE ENROLLMENT FOR SPOUSE 2011-2012

Before we can recalculate your financial aid eligibility to include a spouse attending college, we must verify that your spouse is enrolled at least half-time in a degree-seeking program for the 2011-2012 academic year. Verification is required to modify the number in college. If you are not selected for verification, please submit this form along with a 2011-2012 Verification Worksheet and a signed copy of your 2010 Federal Tax Return and your spouse's 2010 Federal Tax Return (if you file separately), including all schedules and forms. For details and further instructions, please review the 2011-2012 Verification Worksheet online at financialaid.ucdavis.edu/undergraduate/Forms/ugforms3.html.

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

Name: _____ Student I.D. #: _____

My Spouse (name), _____, will attend a postsecondary institution during the 2011-2012 academic year.

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

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

To verify information on my spouse'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 Spouse: _____ Date: _____

Please print your name: _____ Student I.D. #: _____

SECTION 3 (To be completed by the *Registrar* at the *spouse'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 2011-2012 academic year? Yes No

Current enrollment status for the 2011-2012 academic year: full-time half-time or more
 less than half-time not enrolled

SCHOOL
 STAMP OR
 SEAL

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: _____