

Verification of Number Enrolled in College 2011-2012 Academic Year

STUDENT INFORMATION

Student Name: _____ Student ID #: _____

College: _____ Department: _____

FAMILY MEMBER INFORMATION

We will use the National Student Clearinghouse to verify your dependent family member/sibling's enrollment. Please provide the name, date of birth, social security number and institution for each dependent family member/sibling who you reported would be enrolled at least half-time in a degree or certificate program for the 2011-2012 academic year.

Dependent Family Member #1

Name: _____ SSN: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2011 Will enroll Spring 2012

Dependent Family Member #2

Name: _____ SSN: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2011 Will enroll Spring 2012

Dependent Family Member #3

Name: _____ SSN: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2011 Will enroll Spring 2012

Dependent Family Member #4

Name: _____ SSN: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2011 Will enroll Spring 2012

SIGNATURE

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please fax the completed form no later than October 14, 2011 to 412-268-8084 or return to:

The HUB - Student Financial Aid
Carnegie Mellon University
Lower Level, Warner Hall
5000 Forbes Avenue
Pittsburgh, PA 15213-3890