

Student Information *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

Please complete a separate copy of this form for each household member who is enrolled at least half time in an eligible post-secondary institution (college).

You indicated on your FAFSA that other member(s) of your household will be pursuing a degree or certificate at a Title IV eligible college or university, enrolled at least half-time in this academic school year (June 1st – July 30th). The number of other household members (i.e.: spouse, siblings or children) enrolled at an eligible college impacts eligibility for financial aid. To verify this information, we need to confirm enrollment for **each** household member.

Section 1. To Be Completed By The CPCC Student

Do you have a spouse, siblings and/or children* who will be enrolled in an eligible post-secondary institution (college) during this award year (July 1st – June 30th)?

- Yes – Please proceed to the next question
- No – Leave the rest of this form blank and return it to the CPCC Financial Aid Office

Is your family member enrolled at CPCC?

- Yes – Name and CPCC Student ID # _____
Leave the rest of the form blank and return it to the CPCC Financial Aid Office
- No – Please proceed with the rest of this form

Section 2. To Be Completed By The Family Member Enrolled In Title IV Eligible College or University

Family Member's Name _____ ID # _____
Last
First
MI

The CPCC student listed at the top of this form is my: Sibling Parent Spouse

The College/University I will be attending between June 1st and July 30th is:

Name of School: _____

Please complete the signature release below and forward this form to your institution's registrar's office for certification of enrollment.

I authorize the above-named college/university to release my enrollment information to Central Piedmont Community College for purposes of completing the U.S. Department of Education's quality verification requirements.

Signature of Family Member _____ Date _____

