CENTRAL PIEDMONT
COMMUNITY COLLEGE

Other Household Member College Enrollment Verification (2025-26)

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, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Student ID Number: _____

Student Email Address: _____

Street Address
(Include Apartment Number): _____

City: _____ State: _____ Zip Code: _____

Phone Number (Include Area Code): _____

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Instructions

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 1–July 30). 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 Central Piedmont 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 (June 1–July 30)?

☐ Yes — If so, please proceed to the next question

☐ No — If not, please leave the rest of this form blank and return it to the Central Piedmont Financial Aid office

Is your family member enrolled at Central Piedmont?

☐ Yes — If so, provide their name and student ID number:

Leave the rest of the form blank and return it to the Financial Aid office

☐ No — If not, please proceed with the rest of this form

Section 2. To Be Completed By the Family Member at Other College

Family Member's Name:

Student ID Number:

The Central Piedmont student listed at the top of this form is my:

☐ Sibling ☐ Parent ☐ Spouse

The college/university I will be attending between June 1 and July 30 is:
Name of college/university:

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: _____ Date: _____

Section 3. To Be Completed By the Registrar's Office at the School Which the Family Member Attends

This form certifies the student listed in Section 2 is enrolled or will be enrolled in a U.S. Department of

Education-approved degree or certificate program at this institution during one or more periods of enrollment for this academic school year (June 1–July 30). Our institution meets the definition of an "eligible post-secondary institution" by participating in the Title IV financial aid programs.

The student named in Section 2 is enrolled:	☐ Full Time	☐ Half Time	☐ Less Than Half Time
Program:	☐ Degree	☐ Certificate	☐ Non-Degree
Student is listed as:	☐ Undergraduate		☐ Graduate

If listed as a graduate student, is the graduate student's enrollment considered at least half time as defined by the institution?

☐ Yes ☐ No

Student's anticipated graduation date: ☐

Executive Stamp/Seal Here

Print Name of Certifying School Official: _____

Signature of Certifying School Official: _____

Date: _____

Institution Address: _____

Phone Number: _____

OPE ID: _____

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Certification and Signature

Please provide your signature. If you are a dependent student, please also provide one parent's signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature: _____ Date: _____

Contributor Signature
(Dependent Students Only): _____

Date: _____