UNIVERSITY of ALASKA SOUTHEAST

Financial Aid Office
11066 Auke Lake Way
Juneau, AK 99801
Tel: (907) 796-6255 • Fax: (907) 796-6250
uas.finaid@alaska.edu

2019-2020 Spouse, Child, or Sibling Verification of College Enrollment

Your 2019-20 Free Application for Student Aid (FAFSA) indicates your spouse, child, or sibling is attending college. Please have him/her sign the statement below and forward this form to the Financial Aid Office at the institution he/she is attending. If necessary, you may duplicate this form or contact our office for additional copies.

If our office has not received confirmation of your spouse's, child's, or sibling's enrollment status within 30 days of the date of this letter, or if their enrollment status has changed from what you originally reported on your FAFSA, your financial aid application will be adjusted to reflect that fewer family members are in college.

UAS Student's Name _____ Student ID Number _____

To be completed by Spouse, Child, or Sibling in College

I grant permission to the Financial Aid Office at _____ to release the information below to the University of Alaska Southeast Financial Aid Office.

Print Spouse, Child's, or Sibling Name _____ Social Security Number _____

Signature of Spouse, Child's, or Sibling _____ Date _____

Please check one: ⬭ Spouse ⬭ Child ⬭ Sibling

To be completed by the Financial Aid Office of your Spouse, Child, or Sibling

2019-2020 Enrollment status: (*Please check one*)
____ Full-time ____ Less than Half-time
____ Half-time ____ Not enrolled

Admission status: (*Please check one*)
____ Admitted to an undergraduate degree program
____ Applied for admission to an undergraduate degree program for the term _____, application still in process
____ Admitted to a graduate degree program
____ Applied for admission to a graduate degree program for the term _____, application still in process
____ Not admitted to a degree program/hasn't applied for admission

Financial Aid Officer's Signature _____ Date _____

Print Name and Title _____ Institution's Name _____

Federal School Code _____ Phone Number _____

This Institution is eligible to participate in Federal Title IV programs: ____ Yes ____ No

For Office Use Only:
SIBVER
FA SIBVER/SPCVER