Certification of Enrollment for Other Family Members

Student’s Name ________________________________ RU ID# ____________________

Your 2014-2015 Free Application for Federal Student Aid indicated more than one family member is enrolled in college during this academic year. Completion of this form is required for any family member included in the household who is currently enrolled in a degree-seeking program at least half time (six credit hours).

Please provide the information requested below for the student(s) attending institutions other than Radford University and send this form to the financial aid office at that institution.

If this status has changed or we fail to receive this form within ten (10) days, your financial aid award(s) will be adjusted accordingly.

PART ONE: To be completed by the student at an institution other than Radford University.

I, ______________________________________, authorize ____________________________ College/University to release my enrollment and financial aid information to Radford University.

My relation to the Radford University student is: (check one) _______ sibling _______ spouse

Signature: ______________________________________

PART TWO: To be completed by the school of the student listed in Part One.

Full time ________ Half Time ________ Less than Half Time ________

Dates of Enrollment ________________ Expected Graduation Date: ________________

Independent _________ Dependent _________

I certify that the information above is true and accurate to the best of my knowledge.

_________________________________________  __________________________
Signature of Financial Aid Officer            Date

_________________________________________  __________________________
Title of Financial Aid Officer                Name of Institution

Please return this form to: Financial Aid Office, Radford University, Box 6905, Radford, VA 24142.

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