

RADFORD UNIVERSITY

Financial Aid

Financial Aid Office · P.O. Box 6905 · Radford, Virginia 24142
Phone (540) 831-5408 · Fax (540) 831-5138 · Text: (540) 328-9360 · finaid@radford.edu
<https://www.radford.edu/finaid>

Certification of Enrollment for Other Family Members

Student's Name _____ Radford ID# _____

Your 2022-2023 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, _____, student identification number or last four digits of social security no. _____ 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, P O Box 6905, Radford, VA 24142.