

MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Verification of Sibling/Parent/Spouse College Enrollment

Student's *LEGAL Name* A _____
MCLA ID #

Your Free Application for Federal Student Aid (FAFSA) indicates that a family member is attending college this year. So that we may verify this, please have him/her sign the release below and forward this form to his/her school.

Section A: To be completed by sibling/parent/spouse attending college at another institution.

I authorize (Name of Institution) _____ to release the information requested below to Massachusetts College of Liberal Arts in order to verify my college enrollment.

Signature of Sibling/Parent/Spouse Date

Print Name Social Security Number

Section B: To be completed by Registrar's Office of sibling's/parent's/spouse's college of enrollment (listed in Section A.)

2018-2019 Enrollment Status: Please verify enrollment for the following period: _____

_____ Full-Time _____ Half-Time
_____ Less than Half-Time _____ Not Enrolled

Current Program: _____

Is the student matriculated: _____ Yes _____ No

Name of School: _____

Address: _____

Telephone: _____

Signature of Registrar Date

Please fax or mail completed form to:
MCLA Financial Aid Office
375 Church Street
North Adams, MA 01247
TEL. (413) 662-5219 OR FAX (413) 662-5105