MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Verification of Sibling/Parent/Spouse College Enrollment

Student's LEGAL Name 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)			A	
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)	Student's LEGAL Name			
I authorize (Name of Institution)				
Signature of Sibling/Parent/Spouse 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.) 2019-2020 Enrollment Status: Please verify enrollment for the following period: Full-TimeHalf-TimeLess than Half-TimeNot Enrolled Current Program: Is the student matriculated:YesNo Name of School: Address: Telephone:	Section A: To be comple	eted by sibling/parent/spou	se attending college at anoth	er institution.
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.) 2019-2020 Enrollment Status: Please verify enrollment for the following period: Full-TimeHalf-TimeNot Enrolled Current Program:Is the student matriculated:YesNo Name of School:Address:	I authorize (Name of Institut below to Massachusetts Coll	ion)ege of Liberal Arts in order to	to release the werify my college enrollment.	information requested
Section B: To be completed by Registrar's Office of sibling's/parent's/spouse's college of enrollment (listed in Section A.) 2019-2020 Enrollment Status: Please verify enrollment for the following period:	Signature of Sibling/Parent/Spouse		Date	
enrollment (listed in Section A.) 2019-2020 Enrollment Status: Please verify enrollment for the following period:	Print Name		Social Security Number	
Less than Half-TimeNot Enrolled Current Program: Yes No Name of School: Address: Telephone:	enrollme	nt (listed in Section A.)		college of
Current Program:	_	Full-Time	Half-Time	
Is the student matriculated: YesNo Name of School: Address: Telephone:	_	Less than Half-Time	Not Enrolled	
Name of School: Address: Telephone:	Current Program:			
Address: Telephone:	Is the student matriculated:		Yes	No
Telephone:	Name of School:			
	Address:			
Signature of Registrar Date	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