

# 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.

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### 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 Student ID

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

2020-2021 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

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**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**