

<u>Submit form Online:</u> www.financialaid.ucla.edu/contact-us Click "For Document Submission Only" Submit form via Fax:
Fax: 310-267-4143
Attention:
UCLA Financial Aid and
Scholarships

Submit form in Person or by Mail:
Financial Aid and Scholarships
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435

2019-2020 PARENT/SIBLING VERIFICATION OF ENROLLMENT FORM

Name: Last	First		UID#
Check this box if you plan to enroll for Summer 2019 (a separate Summer Aid Application is Required)			
Complete Section A & B of this form and submit it to the Institution your parent or sibling is currently attending. The Bursar/Registrar at your parent's or sibling's school must complete Section C.			
SECTION A: UCLA STUDENT INFORMATION			
Mailing Address	Street		Apartment #
City	S	tate	Zip Code
SECTION B: PARENT/SIBLING INFORMATION			
Name of Parent/Sibling	Social Secur	ty Number	Name of College/University
SECTION C: ENROLLMENT VERIFICATION (Completed by Registrar/Bursar at parent's or sibling's school) Instructions to the Bursar/Registrar: Please verify the 2019-2020 enrollment of the student listed in Section B for the Title IV eligible institution.*			
1. Is the student listed in SECTION B enrolled in a degree or academically recognized certificate Program? □ Yes □ No			
2. Please confirm the	enrollment status: Full-ting	me □ Half-time	or more
3. Expected month/year of graduation or completion of program:			(Seal of verifying institution)
Name		Title	Phone Number
Signature of Authorized S	chool Official		Date