



Post-Secondary Enrollment Verification Form

Dear Student:

The information that you provided on your Free Application for Financial Aid (FAFSA) indicated that you will have a sibling, spouse or dependent enrolled at least half-time in a post-secondary educational institution during the 2009-2010 academic year. Their enrollment status must be confirmed before your financial aid can be finalized.

On the back of this letter is an Enrollment Verification Form. You must complete the following sections:

Section B: Fill in the name and social security number of the sibling, spouse or dependent that is also attending a post-secondary institution at least half-time. Each family member attending a post-secondary institution must complete a separate copy of this form. **After this section is completed, YOU must send this form to the College, University or other Post-Secondary Institution listed in Section B.** If the student in section B will not attend, please mark the box under this section as shown:
[] will [] will not be attending a post-secondary institution, etc.
Do not return this form blank. Incomplete forms will be returned to you.

Section C: Must be completed by the Financial Aid Office at the Institution listed in Section B and returned to Mercer University, Office of Student Financial Planning.

If you have more than one family member attending a post-secondary institution, please photocopy this form as needed. No aid will be disbursed until this form is returned to our office.

If you have any questions or concerns about this request, please feel free to contact our office.



POST-SECONDARY ENROLLMENT VERIFICATION FORM
2009-2010

Please read and follow instructions on back of this form

Section A: Mercer University Student Information

Mercer Student Name

Mercer Student Identification Number

Section B: Sibling, Spouse or Dependent Information and Signature

The sibling, spouse or dependent must complete this section and forward it to the Office of Student Financial Aid at the post-secondary institution he or she is attending.

I authorize the release of the information requested below to Mercer University.

Student's Name (Please Print): _____ SSN: _____
[] will [] will not be attending a post-secondary institution during the 2009-2010 academic year for the enrollment period between 7/1/2009 and 6/30/2010.

Student Signature _____ Date: _____

College, University or other Post Secondary School _____

Section C: To be completed by the Office of Student Financial Aid at the Institution listed in Section B.

Please provide the following information regarding the student indicated in Section B.

Admission Status _____ Accepted _____ Not Accepted

Dependency Status _____ Dependent _____ Independent

Do you expect the student to be enrolled at least half-time during the 2009-2010 year? ___ Yes ___ No

I certify that the above information is accurate to the best of my knowledge.

Signature of Certifying Official _____

Institution _____

Print Name and Title _____

Date _____

This is time sensitive material and we greatly appreciate your prompt response. Please mail or fax this form to: Mercer University • Office of Student Financial Planning • 1400 Coleman Avenue • Macon, GA 31207 Telephone (478) 301-2670 • Fax (478) 301-2671 • http://macon.merceraid.com