



Verification of College Enrollment

Sweet Briar, Virginia 24595 • (800) 381-6156 • Fax: (434) 381-6450 • financialaid@sbc.edu • sbc.edu

Dear Sweet Briar Student:

You reported in your aid application that more than one person in your household would be attending college in the 2018-2019 school year. This form serves to verify that information.

Please complete Section A of this form, and have the other person who is attending college complete Section B. Then return the form directly to us (do NOT send it to the other college).

Sweet Briar College Financial Aid Office

SECTION A

[To be completed by the Sweet Briar College student.]

SBC student's name _____ Social Security no. _____
Last First M.I.

SECTION B

[To be completed by the other person in the household who is attending college.]

Authorization

I authorize the release of my enrollment information to the Sweet Briar College Financial Aid Office.

Name of my college _____

Address _____ Date of Birth _____

My name _____ Social Security no. _____
First M.I. Last

Signature _____ Date ____/____/____
Month Day Year

SECTION C

[To be completed by the appropriate administrator of the college reported in Section B.]

Dear Administrator:

We request your assistance in verifying the enrollment of the student reported in Section B. Please return this document to our office as soon as possible as the disbursement of financial assistance to the Sweet Briar student reported in Section A will depend upon receipt of this information. This process is part of our overall effort to ensure that our resources are equitably distributed. Thank you for your cooperation.

Sweet Briar College Financial Aid Office

2018-2019 enrollment/degree status of student in Section B:

- Student is a candidate for a degree or certificate and is enrolled at least half time
- Student is not a candidate for a degree or certificate
- Student is a candidate for a degree or certificate and is enrolled less than half time
- Student is not enrolled

CERTIFICATION

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

Signature _____ Date ____/____/____
Month Day Year

Administrator's name (print) _____ Title _____
First M.I. Last

Address _____
