



## 2009–2010 ENROLLMENT VERIFICATION OF FAMILY MEMBER

Student's Name \_\_\_\_\_ Student's USC ID Number \_\_\_\_\_  
Last First

Student's Social Security Number \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
Month/Day/Year

**USC student:** You indicated on your financial aid application that a family member will be enrolled in college at least half time during the 2009–2010 academic year. Please have that person complete Section I and take this form to his/her financial aid office for completion of Section II. If you have more than one family member in college, make a photocopy of this form for each person.

Check here if you will not have a family member enrolled at least half-time during the 2009-2010 academic year and return this form to the USC Financial Aid Office

### I. To be completed by the family member of above USC student.

\_\_\_\_\_ is attending \_\_\_\_\_ in 2009–2010.  
Name of family member Name of institution

I grant permission to release information regarding my enrollment to the University of Southern California.

\_\_\_\_\_  
Family member's signature Family member's ID number Date

### II. To be completed by the financial aid office at the institution indicated in Section I.

(Please fax completed form to the USC Financial Aid Office at (213) 821-3717)

1. Dependency status for 2009–2010 school year (check one)

Federally dependent  Federally independent  Federally independent but considered dependent for institutional funds

2. Name of parents/stepparents whose information was used in need analysis (if any)

\_\_\_\_\_

3. Year in college for 2009–2010 \_\_\_\_\_

4. Enrollment status	Fall 2009	Winter 2010	Spring 2010
Full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least half-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Types of aid awarded (check all that apply)

Need-based aid \$ \_\_\_\_\_  Merit-based aid \$ \_\_\_\_\_  
 Did not apply for aid  Did not qualify for aid  
 Other (please explain) \_\_\_\_\_

6. 2009–2010 tuition and mandatory fees per semester/quarter \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of financial aid administrator Date

\_\_\_\_\_  
Name of financial administrator Title E-mail address