



Financial Aid and Scholarships
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 FAX: 310 267-4143

**2018-2019 PARENT/SIBLING VERIFICATION
 OF ENROLLMENT FORM**

Name: Last _____ First _____ UID# _____

Please check this box if you will be enrolled at UCLA for Summer 2018.

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 _____ State _____ Zip Code _____

SECTION B: PARENT/SIBLING INFORMATION

Name of Parent/Sibling _____ Social Security Number _____ Name of College/University _____

SECTION C: ENROLLMENT VERIFICATION (Completed by Registrar/Bursar at parent's or sibling's school)

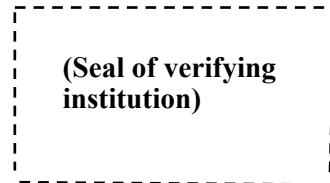
Instructions to the Bursar/Registrar:

Please verify the 2018-2019 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-time Half-time or more Less than half-time

3. Expected month/year of graduation or completion of program:

_____.



Name _____ Title _____ Phone Number _____

Signature of Authorized School Official _____ Date _____