

**Verification of Enrollment Form for 2011-2012  
for  
Post-Secondary Attendance of Family Members  
from  
The University of Maine at Fort Kent  
Financial Aid Office  
23 University Drive  
Fort Kent, ME 04743**

These instructions are addressed to the person who received this letter - usually the UMFK student.

**Print your name here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Enter the name and information for your (immediate) family member (i.e. sibling/parent/child's) who will also be attending a post-secondary school (i.e., college or university);

This is to certify that \_\_\_\_\_;  
( print family member's name ) (family member's SSN)

is (or will be) attending the school listed below for at least half-time (6 or more credits per semester) during the 2011-2012 academic year.

List the name of the *school* your family member will be attending:

\_\_\_\_\_  
(Enter the name of the school)  
Attention: Registrar's Office

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

- ask your family member to sign their name below (under this step).  
(Note: the student's signature is required in order for the school to release the student's information.)

**Family Member's Release of Information Statement:**

My signature on this form, indicates that I authorize the school listed under Step 2, to release the information being requested on this form to UMFK.

\_\_\_\_\_  
Family Member - Signature Date

- Mail this completed form to the school that your family member is/or will be attending.

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School will certify below and return the completed form to UMFK at the address indicated at the top of this form.

**Official School Certification:**

I certify that the family member/student listed in **Step 2** is enrolled as follows:

<b><u>#of Credits</u></b>	<b><u>Check Applicable Semester(s)</u></b>	<b><u>OR</u></b>	<b><u>Select by Term w/Start/Stop Dates</u></b>
___ credits for the	___ Fall 11 semester;	___ credits for the term:	_____
___ credits for the	___ Spring 12 semester;	___ credits for the term:	_____
___ credits for the	___ Summer 12 semester	___ credits for the term:	_____
		___ credits for the term:	_____

Certified by: \_\_\_\_\_  
Name (print) Title (print)

\_\_\_\_\_  
Signature of Certifying Official Date