

Enter your JCC ID: J00 _____
FA 1617 ENROLL



VERIFICATION OF COLLEGE ENROLLMENT

Section A. Student Information and Instructions:

Your verification worksheet indicates you have another family member attending college at least half-time during the 2016-17 academic year. This information needs to be validated. Please complete the top section of this form, then have your family member (who is attending another college) complete Section B of this form and forward it to their financial aid office for completion. **This fully completed form must be returned to JCC.**

Student's name: _____ **Phone:** _____

Student's signature: _____ **Date:** _____

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Section B. To be completed by JCC student's other family member attending college:

I grant permission to release information pertaining to my college enrollment as requested below:

_____ Last 4 digits of family member's SSN _____ Date of Birth of family member _____
Print name of family member attending college

Signature of family member attending college: _____ Date: _____

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Section C. Financial Aid Office Section - to be completed by other family member's college:

Dependency status of student listed in Section B above for 2016-17: Independent Dependent

Enrollment status of student listed in Section B above for 2016-17: At least half-time
 Not enrolled

For dependent students only, provide last four digits of the SSN of legal parent(s) listed on 2016-17 FAFSA:

Parent 1: _____ Parent 2: _____

Print name of institution: _____

_____ Name of Financial Aid Officer

_____ Date

_____ Signature of Financial Aid Officer

_____ Title of Financial Aid Officer

JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020
Jamestown 716.338.1009 | 1.800.388.8557 ext 1009 | Olean 716.376.7512 | 1.800.388.8557 ext 7512
FAX 716.338.1459 | EMAIL financialaid@mail.sunyjcc.edu
We recommend you mail your documents via the US Postal Service to protect your personal information.