



UCLA, Financial Aid Office
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 Fax : 310-206-7419

**2009-2010 PARENT/SIBLING VERIFICATION
 OF ENROLLMENT FORM**

Name: Last _____ First _____ UID# _____

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 _____

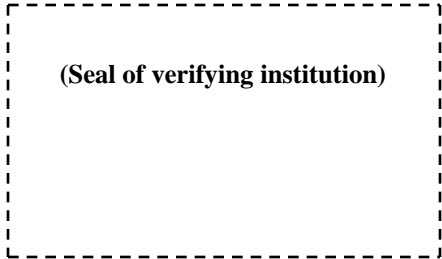
SECTION C: ENROLLMENT VERIFICATION (Completed by Parent's Institution's Registrar/Bursar)

Instructions to the Bursar/Registrar:

The student listed in **Section B** is/will be enrolled at your institution for the 2009-2010 academic year.
 Please complete the information below:

This verifies that the student listed in **SECTION B** is enrolled in a **degree** or **educationally recognized certificate program** at the institution indicated below, on an **at least half-time** basis during the 2009-2010 academic year, for the following terms:

Fall 2009 _____ Winter 2010 _____ Spring 2010 _____
 (Please indicate the number of units enrolled in per term)



Signature of Authorized School Official _____ Date _____ Phone Number _____