



Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

You have indicated that a parent would be attending college at least half-time in a degree or certificate program during the 2017-2018 academic year. We are requesting documentation for this information in order to complete your request for special circumstances.

SECTION A: TO BE COMPLETED BY UVF FINANCIAL AID APPLICANT

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

SECTION B: TO BE COMPLETED BY PARENT ATTENDING COLLEGE IN 2017/2018

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address \_\_\_\_\_
Street City State Zip

I will be attending \_\_\_ semesters OR \_\_\_ quarters during the 2017-2018 academic year.

Signature \_\_\_\_\_ Date \_\_\_\_\_
(Parent must sign to authorize release of information from institution below.)

SECTION C: TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE INSTITUTION BEING ATTENDED BY THE PERSON WHOSE SIGNATURE APPEARS ABOVE IN SECTION B.

Please indicate if the person listed in Section B is enrolled in your institution and complete the questions below:

Yes \_\_\_ No \_\_\_ The student is/will be enrolled at this institution on at least a half-time basis during 2017-2018.

Yes \_\_\_ No \_\_\_ This student is enrolled in a degree or certificate program.

If Yes, indicate program \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Dates of applicable enrollment period \_\_\_\_\_ to \_\_\_\_\_. This is \_\_\_ semester(s) OR \_\_\_ quarter(s).

Amount of Tuition and Fees for enrollment period listed above not covered by financial aid: \$ \_\_\_\_\_

Signature and Title of College Official \_\_\_\_\_ Date \_\_\_\_\_

Name of Institution (Complete Address) \_\_\_\_\_