



BOWLING GREEN STATE UNIVERSITY

Student Financial Aid

Family Member Enrollment Form 2009-2010

You have indicated that a family member is attending another institution. The information provided on this form will be used to verify your family member's attendance. Complete Sections A and B and forward this form to the institution that is being attended by your family member. Do NOT return this form to BGSU's Student Financial Aid Office. A financial aid administrator at the other institution will return the form to BGSU's Student Financial Aid office after Sections C and D have been completed.

A. STUDENT INFORMATION

_____	_____	_____	_____
Last name	First name	M.I.	BGSU ID number
_____			_____
Address (include apt. no.)			Phone number (include area code)
_____	_____	_____	_____
City	State	Zip Code	BGSU e-mail address

B. PERMISSION TO RELEASE FAMILY MEMBER'S ENROLLMENT INFORMATION

In order to verify information on my family member's (sibling, child, spouse, step-relative) financial aid application, I authorize (name of institution) _____ to release the information requested below to Student Financial Aid at Bowling Green State University.

_____	_____
Printed name of family member attending institution named above	Social Security Number of family member
_____	_____
Signature of family member listed above	Relationship to BGSU student

C. TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR OF THE INSTITUTION IN WHICH THE FAMILY MEMBER IS ENROLLED

The student listed in Section A is currently attending Bowling Green State University and has indicated that a family member is attending your institution. To verify this information, we request your assistance with completing the chart below. To indicate enrollment status place an X in the appropriate box under each term listed. Thank you for your assistance.

Current Enrollment Status	Summer 2009	Fall 2009	Winter 2010	Spring 2010
Full-Time				
3/4 Time				
1/2 Time				
Less than 1/2 time				
Not Enrolled				

D. STATEMENT OF CERTIFICATION

I certify, to the best of my knowledge, that the information I have provided is complete and accurate.

_____	_____
Institution	Phone Number
_____	_____
Name of Financial Aid Administrator	Title
_____	_____
Signature	Date