



BOWLING GREEN STATE UNIVERSITY

# Family Member Enrollment Form 2011-2012

## Student Financial Aid

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 by an aid administrator there.

### 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 (to be completed by BGSU student)

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 in the space 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 FROM 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 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 2011	Fall 2011	Winter 2012	Spring 2012
Full-Time				
3/4 Time				
1/2 Time				
Less than 1/2 time				
Not Enrolled				

### D. STATEMENT OF CERTIFICATION (to be completed by aid administrator at the school your family member is attending)

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

Student Financial Aid  
231 Administration Building

Bowling Green, Ohio 43403-0114  
Phone: 419-372-2651

Fax: 419-372-0404  
www.bgsu.edu/offices/sfa

Ask your questions online using our secure web portal at [sfa.bgsu.edu/asksfa](http://sfa.bgsu.edu/asksfa)