

Texas Lutheran University

Office of Financial Aid

1000 West Court Street

Seguin, TX 78155

(830) 372-8075

FAX (830) 372-8096

**Parent Enrollment Verification Request
2009-2010 Academic Year**

Student's Name: _____ Student ID: _____

The student named above has indicated that one of his or her parents will be attending a college during the 2009-2010 academic year. The Free Application for Federal Student Aid (FAFSA) does not allow the student to count a parent as attending college in the initial processing of the FAFSA. In order to have this situation considered for review, the parent must meet the following criteria: 1) be attending a college that is eligible to provide federal financial aid; 2) be enrolled at least half-time at the official census date of the college; and 3) be seeking a degree or certificate.

Section A: (to be completed by the parent):

Name of Parent: _____ Parent SSN: _____

Institution Parent is Attending: _____

Semesters Attending:

_____ Fall 2009 _____ Spring 2010 _____ Summer 2010

I give permission to the institution named above to provide enrollment information to Texas Lutheran University.

Parent's Signature: _____ Date: _____

Section B: (to be completed by College or University parent is attending)

Please complete this form **after your census date** has passed for the first term indicated above and return this form to TLU at the address shown above or by fax to 830-372-8096.

What is your official census date? _____

Please check the appropriate semesters below for which the person listed in Section A is enrolled or anticipated to enroll at least half-time at your institution.

_____ Fall 2009 _____ Spring 2010 _____ Summer 2010

Is this person seeking a degree or certificate? (circle one) Yes No

I certify that the above information is correct.

Registrar's Signature: _____ Date: _____

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____