

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
2008-2009 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 2008-2009 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 2008 _____ Spring 2009 _____ Summer 2009

Student's Signature: _____ Date: _____

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 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 2008 _____ Spring 2009 _____ Summer 2009

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: _____