

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ SID \_\_\_\_\_

**Please check this box if you will be enrolled in the Summer 2018.**

Complete Section A & B of this form and submit it to the Institution your sibling is currently attending. The Bursar/Registrar at your sibling's school must complete Section C.

**SECTION A: LMU STUDENT INFORMATION**

\_\_\_\_\_  
Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ Apartment # \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION B: SIBLING INFORMATION**

\_\_\_\_\_  
Name of Sibling \_\_\_\_\_ Social Security Number \_\_\_\_\_ Name of College/University \_\_\_\_\_

**SECTION C: ENROLLMENT VERIFICATION** (Completed by Sibling Institution's Registrar/Bursar)

**Instructions to the Bursar/Registrar:**

The student listed in **Section B** is/will be enrolled at your institution for the 2017-2018 academic year.

This verifies that the student listed in **SECTION B** is enrolled in a **degree or educationally recognized certificate program** at the eligible institution\* indicated below, on an **at least half-time** basis during the 2017-2018 academic year, for the following terms:

Fall 2017 \_\_\_\_\_ Winter 2018 \_\_\_\_\_ Spring 2018 \_\_\_\_\_

(Please indicate the number of units enrolled in per term)

STAMP VERIFYING SEAL HERE

\*Institution is eligible to participate in Title IV programs

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Name and Title of School Official (printed) \_\_\_\_\_

School Official Signature \_\_\_\_\_

Date \_\_\_\_\_