



**2016-2017**  
**ENROLLMENT VERIFICATION WORKSHEET**

**Contact Information**  
P: 610-436-2627  
E: [finaid@wcupa.edu](mailto:finaid@wcupa.edu)  
[www.wcupa.edu/finaid](http://www.wcupa.edu/finaid)

## Student Section

First Name of WCU Student \_\_\_\_\_ Last Name of WCU Student \_\_\_\_\_

WCU ID# \_\_\_\_\_

You have reported on your 2016-2017 FAFSA that a family member \_\_\_\_\_ attends \_\_\_\_\_ college/university on at least half-time basis and is a matriculating student in an eligible program of study.

Your family member must sign this authorization giving permission for their school to complete this form.

\_\_\_\_\_  
Signature of family member NOT AT WCU

\_\_\_\_\_  
Social Security Number Relationship to WCU student

***Forward this form to his/her Financial Aid Office to provide the certification in the "FAO section" below.***

## Financial Aid Office (FAO) Section:

To be completed by the Financial Aid Office only at the family member's college/university.

For the 2016-2017 academic year this student is considered, for financial aid purposes to be:

1. ☐ Dependent      ☐ Independent    2. ☐ Full Time    ☐ 1/2 time      ☐ Less than 1/2 time  
3. ☐ Undergraduate    ☐ Graduate      4. ☐ Degree student    ☐ Non-degree student

\_\_\_\_\_  
Printed FAO Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
FAO Signature

\_\_\_\_\_  
College's Name

\_\_\_\_\_  
College's Title IV code

\_\_\_\_\_  
College's Address

***Please return this form to West Chester University's Financial Aid Office. Thank you.***

Please return all documents by email or mail.  
Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383  
Email: [finaid@wcupa.edu](mailto:finaid@wcupa.edu)

**Please note: we will no longer accept fax documents.**