

Fairfield University Office of Financial Aid 2023 - 2024 Spouse Enrollment Verification Form September 1, 2023 - May 22, 2024

Your 2023-2024 financial aid application indicates that one or more of your spouse is attending college/university. Please have your spouse sign the statement below and forward this form to his or her financial aid office.

Fairfield Student:		
Fairfield Student Name:		
Fairfield ID Number:		
* If a spouse attends Fairfield University, check here and fill in the spouse's information below.		
To be completed by Spouse of Fairfi	eld University Student:	<u>.</u>
In order to verify information on my spouse's financial aid application, I authorize the institution at which I am enrolled to release the information requested to Fairfield University		
Spouse's Name:		
Name of Institution:		University ID Number:
Spouse's Signature:		Date:
* The SPOUSE will NOT be attending a college/university in 2023-2024 (Check if Applicable).		
To be completed by a Financial Aid Officer or Registrar at your spouse's institution:		
2023-2024 Enrollment Status (please chec	k the relevant hoxes):	
Enrollment Status:	Degree Level:	: Dependency Status:
☐ Full-time	☐ Undergraduate	☐ Dependent
☐ Half-time	☐ Graduate	☐ Independent
Less than half-time	Certificate	
☐ Not Enrolled	☐ Non-degree	
2023-2024 Enrollment Dates: Fromto		
I certify that the above information is accurate to the best of my knowledge.		
Name:	Date:	
Title:	Email:	
College/University Name: Title IV Code:		

NOTE: If our office has not received confirmation of your spouse's enrollment status by September 30, 2023, or your spouse's enrollment status has changed, your financial aid award will be adjusted to reflect fewer family members attending college, WHICH MAY RESULT IN A SIGNIFICANT REDUCTION TO YOUR AID.

Please return this completed form to:

Fairfield University- Office of Financial Aid 1073 North Benson Road Fairfield, CT 06824

E-mail <u>finaid@fairfield.edu</u> Phone (203) 254 – 4125 Fax (203) 254 – 4008

OFFICE USE: SPSENR