



Fairfield University  
Office of Financial Aid

**2020 – 2021 Spouse Enrollment Verification Form**  
September 1, 2020 – May 22, 2021

Your 2020-2021 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 Fairfield University Student:**

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 2020-2021  (Check if Applicable).

**To be completed by a Financial Aid Officer or Registrar at your spouse's institution:**

**2020-2021 Enrollment Status (please check the relevant boxes):**

Enrollment Status:	Degree Level:	Dependency Status:
<input type="checkbox"/> Full-time	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Dependent
<input type="checkbox"/> Half-time	<input type="checkbox"/> Graduate	<input type="checkbox"/> Independent
<input type="checkbox"/> Less than half-time	<input type="checkbox"/> Certificate	
<input type="checkbox"/> Not Enrolled	<input type="checkbox"/> Non-degree	

**2020-2021 Enrollment Dates:** From \_\_\_\_\_ to \_\_\_\_\_

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, 2020**, 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 [finaid@fairfield.edu](mailto:finaid@fairfield.edu) Phone (203) 254 – 4125 Fax (203) 254 – 4008 OFFICE USE: SIBENR \_\_\_\_\_