



Parent Enrollment Verification

**Section A:**

\_\_\_\_\_ Student ID#: \_\_\_\_\_  
Roanoke College Student

The letter you submitted for consideration of special circumstances indicated that a parent will be enrolled in post-secondary education during the 2012-2013 academic year. Therefore, completion of this form is required before any changes can be made.

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**Section B: TO BE COMPLETED BY PARENT**

Parent's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release my enrollment  
(school parent is attending)  
information to Roanoke College.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section C: TO BE COMPLETED BY THE SCHOOL PARENT IS ATTENDING**

The Roanoke College student referenced above in section A has indicated that he/she has a parent referenced in section B, who will be attending your institution during the 2012-2013 school year. Please complete the following information regarding the student enrolled at your institution to assist us in our certification. Return this form to Roanoke College within two weeks of its receipt. Thank you.

1. Enrollment status for 2012-2013: \_\_\_\_ full time \_\_\_\_ half time \_\_\_\_ less than half time
2. Student is in a \_\_\_\_ certificate \_\_\_\_ degree \_\_\_\_ non-degree program
3. Expected Date of Graduation: \_\_\_\_\_
4. Costs for the 2012-2013 Academic Year:

2012/13 Tuition Cost \_\_\_\_\_  
2012/13 Fees \_\_\_\_\_

5. Financial Aid Information:

Does the student receive financial aid? ( ) Yes ( ) No

If yes, please indicated sources and amounts of financial aid below:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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School Official's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please return form to: Roanoke College  
Financial Aid Office  
221 College Lane  
Salem, VA 24153  
FAX: 540 375-2267