INSTRUCTIONS: It is the policy of the Yale Law School Financial Aid Office to verify the status of any family member initially reported on the financial aid application (FAAST) as enrolled as a student in an institution of higher education. Each of your siblings/parents/spouse enrolled in postsecondary education must complete one of these forms once she/he has completed registration for academic year 2017-2018.

If we do not receive verification of family member enrollment or if there is a discrepancy/change with data reported on your 2017-2018 aid application, your need will be reviewed and your financial aid may be adjusted/reduced.

I. To be completed by Yale Law School student:

YLS Student Name: _________________________________________________________ Student ID # _________________________

Check one:

_____ Family member (name) __________________________________________ will not be attending a postsecondary institution at least half time in a degree program during the 2017-2018 academic year as initially reported on my 2017-2018 FAAST application. If so – only student signature on form is necessary for submission.

_____ Family member (name) __________________________________________ will be attending a postsecondary institution at least half time in a degree program during the 2017-2018 academic year as initially reported in my 2017-2018 FAAST application. If so – complete sections II and III, sign and submit.

YLS Student Signature: ___________________________________________________________

II. To be completed by family member enrolled in College/University

I authorize __________________________________________ [Name of College/University] to release my enrollment information to Yale Law School.

Relationship to Yale Law School Student: _____ Sibling _____ Parent _____ Spouse

Signature: ___________________________ Student ID # ___________________________

Printed Name: ___________________________ Date: ___________________________

III. To be completed by Registrar at family member’s College/University

________________________________ [Name of Student] is presently enrolled at: ___________________________ [Name of College/University] for:

Term: _____ Fall 2017 term _____ Spring 2018 term _____ Other [identify] ________

Status: _____ Less than Halftime _____ Halftime or more

Expected Date of Graduation/Degree Completion: ___________________________

Signature of Registrar (or Authorized Official): ___________________________

Name/Title: __________________________________________________________

RETURN TO: Financial Aid Office, Yale Law School, P.O. Box 208215, New Haven, CT 06520
Fax: 203-436-9771 Email: financialaid.law@yale.edu