

**Yale Law School
2018-2019 Family Member Enrollment Verification Form**

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 2018-2019.

If we do not receive verification of family member enrollment or if there is a discrepancy/change with data reported on your 2018-2019 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 2018-2019 academic year as initially reported on my 2018-2019 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 2018-2019 academic year as initially reported in my 2018-2019 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 2018 term _____ Spring 2019 term _____ Other [identify] _____

Status: _____ Less than Halftime _____ Halftime or more

Expected Date of Graduation/Degree Completion: _____

Signature of Registrar (or Authorized Official): _____ Date: _____

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

