

**2008-2009 Quality Assurance Family Member Enrollment Verification**

University at Buffalo STUDENT Name (Please print)

Person Number

*Please have your sibling, spouse and/or household member complete and sign PART 1 of this form and forward it to the Registrar at the college or university they attend to verify their enrollment for the 2008-2009 academic year.*

**PART 1:**

To be completed by each sibling, the spouse or household member (**excluding parents**) attending college at least half-time and enrolled in a degree, diploma or certificate program between July 1, 2008 and June 30, 2009.

**NAME:** \_\_\_\_\_ **Student Identifier #** \_\_\_\_\_

I authorize \_\_\_\_\_ to release my enrollment information to the  
(Name of Institution) University at Buffalo.

Signature of Sibling, Spouse or other Household member in college

Date

**PART 2:**

To be completed by the Registrar's Office at the college or university where the student listed in Part 1 is enrolled.

This certifies that \_\_\_\_\_ is enrolled.  
Name Student Identifier #

Please check one:  Full Time  Half Time  Less than Half Time  Not enrolled

for the enrollment period of: \_\_\_\_\_ to \_\_\_\_\_.

Name and address of Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registrar's Name: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN FORM TO:**

Student Academic Records & Financial Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631