Student’s Name: __________________________ ID#: __________________________

**Instructions:** The John A. Logan College Financial Aid Office needs to verify the enrollment of other members of your household that you have indicated are attending post-secondary institutions on at least a half-time basis. Section A must be completed by the household member enrolled at another institution. Section B must be completed by the Financial Aid Office of his/her institution.

**Section A:** To be completed by the other household member attending a post-secondary institution.

- **Last Name**
- **First Name**
- **Middle Name**
- **Birth Date**
- **Social Security Number**
- **Street Address**
- **City**
- **State**
- **Zip Code**

Are you enrolled on an at least half-time basis?  
☐ Yes  ☐ No  
If no, return this form.

If yes and you are enrolled at JALC, return this form.

If yes and you are enrolled at another institution, submit this form to your institution’s Financial Aid Office.

- **Signature of Other Household Member Completing Section A**
- **Telephone Number**
- **Date Signed**

**Section B:** To be completed by the Financial Aid Office at the institution where the student in Section A is/was/or will be enrolled in 2015-16. This information is required by the U.S. Department of Education to complete requirements for verification.

2015-16 Enrollment Status:  
☐ Undergraduate  ☐ Full time  
☐ Half time  ☐ Less than half time  
☐ Graduate  ☐ Not enrolled

- **Signature of Financial Aid Officer Completing Section B**
- **Telephone Number**
- **Date Signed**

**OE Code**

Return this completed form to:  
John A. Logan College  
Financial Aid Office  
700 Logan College Road  
Carterville, IL 62918  
Phone: (618) 985-3741  FAX: (618) 985-9751

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