John A. Logan College
700 Logan College Road
Carterville, IL 62918
Phone 618-985-3741 Fax 618-985-4116 or 618-985-9751

2018-2019
Enrollment Verification Form

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 <u>other household member</u> 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 2018-19. This information is required by the U.S. Department of Education to complete requirements for verification.

2018-19 Enrollment Status:

☐ Undergraduate	☐ Full time
	☐ Half time
☐ Graduate	☐ Less than half time
	☐ Not enrolled

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

OE Code	Name of Institution

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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