



2009-10 Postsecondary Enrollment Verification

STUDENT FINANCIAL ASSISTANCE

Tempe campus
 PO Box 870412
 Tempe, AZ 85287-0412
 Student Services Building,
 Second Floor
 Phone (480) 965-3355
 Fax (480) 965-9484
 financialaid@asu.edu

Downtown Phoenix campus
 411 N. Central Ave., Suite 166
 Phoenix, AZ 85004-2120
 University Center Building,
 Suite 166
 Phone (602) 496-3462
 Fax (602) 496-0376
 financialaid@asu.edu

Polytechnic campus
 7107 E. Tiburon, #3
 Mesa, AZ 85212-0180
 Student Affairs Complex, Quad 3
 Phone (480) 727-1041
 Fax (480) 727-1630
 financialaid.poly@asu.edu

West campus
 PO Box 37100
 Phoenix, AZ 85069-7100
 University Center Building,
 Room 120
 Phone (602) 543-8178
 Fax (602) 543-8108
 financialaid.west@asu.edu

SECTION A: STUDENT INFORMATION (PLEASE PRINT)

| | | |
|-----------------------------|-----------------|-------------------|
| FULL NAME (LAST, FIRST MI.) | 10-DIGIT ASU ID | 9-DIGIT CAMPUS ID |
|-----------------------------|-----------------|-------------------|

SECTION B: DETERMINE WHO IS CONSIDERED A STUDENT IN THE HOUSEHOLD

Was your parent's signature required on the FAFSA?

| YES | NO |
|---|--|
| 1. Yourself. 2. Your parents' other children, if your parent(s) provide more than half of the child's support and that child can answer "No" to every question in Step 3 (dependency status) of the FAFSA. 3. Other people, if they are living with your parent(s) now and your parent(s) will provide more than half of their support from July 1, 2009 through June 30, 2010. 4. Do not include your parent(s). | 1. Yourself. 2. Your spouse (if married). 3. Your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010. 4. Other people, if they are living with you now and you will provide more than half of their support from July 1, 2008 through June 30, 2009. |

SECTION C: STUDENTS IN THE HOUSEHOLD (PLEASE PRINT)

List each student in your (or your parents') household that **will be attending any Title IV eligible postsecondary institution** (i.e. college or university) at least half-time between July 1, 2009 and June 30, 2010. Attach additional pages if more space is needed.

| COLLEGE NAME AND LOCATION (CITY, STATE) | FULL NAME OF STUDENT | DATE OF BIRTH | YOUR RELATIONSHIP TO STUDENT |
|---|----------------------|---------------|------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

SECTION D: CERTIFICATION STATEMENT & SIGNATURES

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

| | |
|---|------|
| STUDENT SIGNATURE | DATE |
| PARENT SIGNATURE (ONLY IF PARENT'S SIGNATURE WAS REQUIRED ON THE FAFSA) | DATE |